Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on M=M / D=D / Y=Y=Y
Full Name of Payee	Date of Public Distribution/Dissemination
Zachary R McCleese	11 02 2014
Mailing Address 323 Rolling Pines Dr	Amount
City State Zip Code	60.00
Spring Lake NC 28390	Transaction ID: c7dca952-2552-468c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 / 02 / 2014
	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbut 277575.33 Disbut 2014	orsement For: Primary X General Other (specify) ▶
Full Name of Payee Zachary R McCleese	Date of Public Distribution/Dissemination
Mailing Address 323 Rolling Pines Dr	11 02 2014
	Amount
City State Zip Code	24.30
Spring Lake NC 28390	Transaction ID: 129781fd-6d50-47d7-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 02 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbut 277575.33	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	84.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Ms. Emily Buchanan [Electronically Filed] Date	1 04 2014
Signature	

Schedule E)	NOE! ENDEN! EXI END!			PAGE 2 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 4	8-hour report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Sue G Walker				c Distribution/Dissemination
Mailing Address 3 Girard			11	02 / 2014
			Amount	
City Fort Smith	State AR	Zip Code 72901		40.00 ID : dbd2c2ed-4294-4d35-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbu	ursement or Obligation / 02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Soug	ht 2	277575.33	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Camille N Yearry			Date of Publi	ic Distribution/Dissemination
Mailing Address 2025 NE 67th	St		Amount	
City	State	Zip Code		50.00
Gladstone Burnage of Evnanditure	МО	64118		D: eff58576-21cb-43ee-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	02 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Soug	iht	277575.33	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent	endent Expenditures		. >	90.00
(b) SUBTOTAL of Unitemized Ind	ependent Expenditures			
(c) TOTAL Independent Expenditu	ures		•	
Under penalty of perjury I certify with, or at the request or suggesti party committee) any political party	on of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	11 04	2014
Signature				

Schedule E)				PAGE 3 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee Camille N Yearry				of Public Distribution/Dissemination
Mailing Address 2025 NE 67th St			Amou	11 02 2014 nt
City	State	Zip Code		18.18
Gladstone	MO	64118		action ID : b7df43ec-786d-4b97-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	TV	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	:	277575.33	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payee	_		Date	of Public Distribution/Dissemination
Kristina M Jinkens				11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2138 N 1000 Rd			Amou	nt
City	State	Zip Code		20.00
Eudora	KS	66025		oction ID: 93221f1c-fcec-4541-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 02 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Greg Orman		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	246310.99	Disbursemer 2014	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es			38.18
(b) SUBTOTAL of Unitemized Independent Expendi	tures			
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	04 / 2014

Schedule E)		DEITI EX. E.L.	1101120		PAGE 4 OF 104 FOR SE OF FORM 24/48
NAME OF COMM					FEC IDENTIFICATION NUMBER ▼
Women Spe	eak Out PAC				C C00530766
Check if X 24-h	our report 48-hour repo	rt New rep	oort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of				Date o	of Public Distribution/Dissemination
Lisa Boot	:h			М	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Malling Address	SS 1434 South Avenue			Amour	nt
City		State	Zip Code		100.00
Eden		NC	27288		action ID: 49575430-5ca3-41f2-b of Disbursement or Obligation
Purpose of Ex Salary	penditure		Category/ Type 001	M	11 02 / 2014
Name of Fede	eral Candidate		Support	Office Sought	t: House District: 00
Ms. Kay Haga	ın		Oppose	Preside	NO.
	Year-To-Date ion for Office Sought	10	087975.24	Disbursement 2014 Ot	t For: Primary X General
Full Name of				Date of	of Public Distribution/Dissemination
Lisa Bootl	n			М	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Addre	SS 1434 South Avenue				11 02 2014
	THOT COMMITTEE STATE			Amou	nt
City		State	Zip Code		15.60
Eden		NC	27288		ction ID: 2114b2f5-9622-42e3-9 of Disbursement or Obligation
Purpose of Ex Mileage	cpenditure		Category/ Type 002		11 02 7 2014
Name of Fede	eral Candidate		Support	Office Sough	t: House District:00
Ms. Kay Haga	an		Oppose	Preside	-
	Year-To-Date tion for Office Sought		1087975.24	Disbursement 2014 O	t For:
(a) SUBTOTAL	. of Itemized Independent Expe	enditures		•	115.60
(b) SUBTOTAL	. of Unitemized Independent Ex	xpenditures		•	7 1 7 1 4
(c) TOTAL Inde	ependent Expenditures			· [7 1 7 1 7
with, or at the		candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
<i>M</i>	s. Emily Buchanan	[Electron	nically Filed] Date	M M / /	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			_		

FeC DENTIFICATION NUMBER V C C C C C C C C C		Tieddie E)	FOR SE OF FORM 24/48
Check if X 24-hour report			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Alice K Salazar Mailing Address 605 W Houston St Category'	۷۷	romen Speak Out PAC	C C00530766
Mailing Address 605 W Houston St City State Zip Code TX 75633 Purpose of Expenditure Salazar Mailing Address 605 W Houston St Name of Federal Candidate Sought 230656.44 Marshall TX 75633 Name of Federal Candidate Sought 230656.44 Disbursement for Dispatch State State State Salazar Mailing Address 605 W Houston St Category/ Type 001 Disbursement For: Primary General For Sought Salazar Mailing Address 605 W Houston St City State Zip Code TX 75633 Marshall TX 75633 Purpose of Expenditure Salazar Mailing Address 605 W Houston St Category/ Doz Tansaction ID : 4ce9fd74-ea63-42e-b Date of Disbursement or Obligation State Later State State State Salazar Alice K Salazar Disbursement For: Primary General For Sought Tansaction ID : 4350be6d-b528-4412-b Date of Public Distribution/Dissemination State Salazar Salazar State State Salazar	Che	eck if X 24-hour report 48-hour report X New report X Amends report filed	on Mam / Dad / Yayayay
Mailing Address 605 W Houston St City State Zip Code TX 75533 Purpose of Expenditure Salary Category/ Viype 001 Name of Foderal Candidate Support Solary Category/ Solary Sol	Т	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code 80,000 Marshall TX 75633 Purpose of Expenditure Salary Name of Federal Candidate Sought Sou			
Marshall Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Purpose of Expenditure Salazar Full Name of Payee Alice K Salazar Marshall Tx 75633 Transaction ID : 4ce9fd74-ea63-428c-b Date of Disbursement or Obligation Type Thouse District: 00 Type Third Distribution/Dissemination Type Transaction ID : 4ce9fd74-ea63-428c-b Date of Poblic Distribution/Dissemination Type Thouse Of Payee Alice K Salazar Mailing Address 605 W Houston St Transaction ID : 4ce9fd74-ea63-428c-b Date of Poblic Distribution/Dissemination Type Type Type Type Type Type Type Typ		Mailing Address 605 W Houston St	Amount
Marshall TX 75633 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendry Year-To-Date Per Election for Office Sought Purpose of Expenditure Alice K Salazar Marshall TX 75633 Transaction ID : 4ce9fd74-ea63-428c-b Date of Disbursement or Obligation President Senate State: LA Calendar Year-To-Date Per Election for Office Sought TX 75633 Transaction ID : 4ce9fd74-ea63-428c-b Date of Disbursement or Obligation Persident Senate State: LA Disbursement For: Primary General 2014 Date of Public Distribution/Dissemination TX 75633 Transaction ID : 4ce9fd74-ea63-428c-b Date of Disbursement For: Obligation Type Code Type Code Type Code Transaction ID : 4ce9fd74-ea63-428c-b Date of Disbursement For: Disbursement For: Disbursement or Obligation Type Code Type Code Transaction ID : 4ce9fd74-ea63-428c-b Date of Disbursement For: Date Date of Public Distribution/Dissemination Type Code Type C	-	City State Zip Code	80.00
Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Purpose of Expenditure Marshall TX T5633 Purpose of Expenditure Mileage Category' Type Oppose President Senate State: LA Disbursement For: Primary General 2014 Other (specify) Date of Public Distribution/Dissemination 11 02 2014 Amount City State Zip Code Marshall TX T5633 Purpose of Expenditure Mileage Category' Mileage Category' Type OD2 Tansaction ID: 4356be6d-b528-4df2-b Date of Disbursement or Obligation Tansaction ID: 4356be6d-b528-4df2-b Date of Disbursement or Obligati			Transaction ID : 4ce9fd74-ea63-428c-b
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Alice K Salazar Full Name of Payee Alice K Salazar Mailing Address 605 W Houston St City State Tx 75633 Transaction D: 43b6be64-b528-4df2-b Date of Disbursement or Obligation Tx 75633 Transaction D: 43b6be64-b528-4df2-b Date of Disbursement or Obligation Tx 75633 Transaction D: 43b6be64-b528-4df2-b Date of Disbursement or Obligation Type Oo2 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for		Salary Odlegory 001	M M / D D / Y Y Y
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought President Senate State: LA Disbursement For: Primary General 2014 Other (specify) ► Date of Public Distribution/Dissemination Amount Amount City State Zip Code Marshall TX 75633 Purpose of Expenditure Mileage Category/ Mileage Category/ Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date President Senate State: LA Disbursement For: Primary General 2014 Other (specify) ► 128.90 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	ľ	Name of Federal Candidate Support Office	Sought: House District:00
Per Election for Office Sought Full Name of Payee Alice K Salazar Mailing Address 605 W Houston St City State Zip Code Marshall TX 75633 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Offic		Ma Marriel Landrice	
Full Name of Payee Alice K Salazar Mailing Address 605 W Houston St City State Zip Code Marshall TX 75633 Purpose of Expenditure Mileage Category/ O02 Name of Federal Candidate Ms. Mary L Landrieu Support Per Election for Office Sought State: Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Ms. Emily Buchanan [Electronically Filed] Date of Public Distribution/Dissemination Amount Amount Amount Category/ O02 Transaction ID: 43b6be8d-b528-ddf2-b Date of Disbursement or Obligation Transaction ID: 43		Odlettadi Tedi To Bate	
Alice K Salazar Mailing Address 605 W Houston St City State Zip Code Amount TX 75633 Purpose of Expenditure Mileage Name of Federal Candidate Support Ms. Mary L Landrieu Calegory/ Type 002 Name of Federal Candidate Separation of State State: LA Calendar Year-To-Date Per Election for Office Sought State: LA Calendar Year-To-Date Per Election for Office Sought State: LA Calendar Year-To-Date Per Election for Office Sought State: LA Calendar Year-To-Date Per Election for Office Sought State: LA Calendar Year-To-Date Per Election for Office Sought State: LA Calendar Year-To-Date Per Election for Office Sought State: LA Calendar Year-To-Date Per Election for Office Sought State: LA Calendar Year-To-Date Per Election for Office Sought State: LA Calendar Year-To-Date Per Election for Office Sought State: LA Calendar Year-To-Date State:	ŀ	Full Name of Pavee	
Mailing Address 605 W Houston St City State Zip Code TX 75633 Purpose of Expenditure Mileage Category/ Doze Type 002 Name of Federal Candidate Support Ms. Mary L Landrieu Soppose President Senate State: LA Disbursement For: Primary General 2014 Calendar Year-To-Date Per Election for Office Sought 230656.44 Calendar Year-To-Date Office Sought 230656.44 Calendar Year-To-Date Per Election for Office Sought 230656.44 Calendar Year-To-Date			M = M / D = D / Y = Y = Y
Marshall Purpose of Expenditure Mileage Category/ Mileage Category/ Type Oppose Category/ Type Oppose Category/ Type Office Sought: House District: Oppose President Senate State: LA Disbursement For: Primary General Category/ Oppose Category/ Type Office Sought: House District: Oppose President Senate State: LA Disbursement For: Primary General Other (specify) (c) TOTAL Independent Expenditures		Mailing Address 605 W Houston St	
Purpose of Expenditure Mileage Category/	ŀ	City State Zip Code	48.90
Purpose of Expenditure Mileage Category/ Type 002		Marshall TX 75633	
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Per Election for Office Sought Primary General		Mileage Calegory/ 002	M = M / D = D / Y = Y = Y
Ms. Mary L Landrieu Calendar Year-To-Date Primary General	ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
Calendar Year-To-Date Per Election for Office Sought 230656.44 Disbursement For: Primary General 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures			
(c) TOTAL Independent Expenditures		201/	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M M M D D D D D D D D D D D D D D D D	(a) SUBTOTAL of Itemized Independent Expenditures	128.90
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** [Electronically Filed] Date M M M	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M M M	(C) TOTAL Independent Expenditures	
[Electronically Filed] Date 11 04 2014	٧	vith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe	
Date		[F1 - 4 1] - F2 - J1	
		Dutc	

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Schedule E)	I EXI END	101120		PAGE 6 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Paulette M Carrieri			M - M /	Distribution/Dissemination
Mailing Address 4805 TuPenny Lane			Amount	02 2014
Cit.	Ctata	7:- Onda		20.00
City Raleigh	State NC	Zip Code 27606		30.00 D: 164e9598-8836-4088-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	10	87975.24	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Paulette M Carrieri			Date of Public	Distribution/Dissemination 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4805 TuPenny Lane			Amount	02 2014
City	State	Zip Code		6.00
Raleigh	NC	27606		: 82bd8c1c-d78d-4ddb-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1087975.24	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	9S		·	36.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	
(c) TOTAL Independent Expenditures)	7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 04	2014

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Logan B Piper	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 3205 Pebble Beach Rd	Amount
ŀ	City State Zip Code	69.00
	Conway AR 72034	Transaction ID : 2173e0c3-fd50-4d9c-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 02 7 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 277575.33 Disbut 2014	rsement For: Primary General Other (specify)
ŀ	Full Name of Payee	Date of Public Distribution/Dissemination
	Logan B Piper	11 02 / 2014
	Mailing Address 3205 Pebble Beach Rd	Amount
ŀ	City State Zip Code	26.49
		Transaction ID: 74eababd-3363-492e-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 / 02 / 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary
((a) SUBTOTAL of Itemized Independent Expenditures	95.49
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not ma vith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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OF

Schedule E)	I EXI END	TOTILO		PAGE 8 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Carol L Walters				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1900 Glen West Way			Amour	nt
City	State	Zip Code		50.00
Fort Smith	AR	72916		action ID: 6437f542-4353-4293-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 02 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Mr. Mark L Pryor		X Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , , 2	77575.33	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	of Public Distribution/Dissemination
Carol L Walters				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1900 Glen West Way			Amour	nt
City	State	Zip Code	- [23.10
Fort Smith	AR	72916		ction ID: 8f2c8b63-6b79-4aa4-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 02 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Mr. Mark L Pryor		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	277575.33	Disbursement 2014 Ot	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	es.			73.10
(a) collision of the market market and a special and				7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	M = M /	04 / 2014

Schedule E)	Moent Ext ett.			PAGE 9 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour re	port New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Bailey R Blair			Date of	Public Distribution/Dissemination
Mailing Address 402A N 10th St			M 1	
Widiling Address 402A N 10th St			Amount	
City	State	Zip Code		25.00
Manhattan	KS	66502		ction ID: 8ed4e4bf-ac8e-430a-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	1	1 02 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	Presiden	t Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	2	246310.99	Disbursement I	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Caelan J Blair			M 1	1 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 510 Haymaker Hall				1 02 2014
			Amount	
City	State	Zip Code		45.00
Manhattan	KS	66506		tion ID: b49cca6c-8b2a-493d-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 1	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		246310.99	Disbursement 2014 Oth	For: Primary X General Der (specify) ►
(a) SUBTOTAL of Itemized Independent Ex	cpenditures		· - L	70.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	4 1 4 1 4
(c) TOTAL Independent Expenditures			· []	7
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party committee	y candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		04 2014
Signature		_		

Sched	ule E)	1 - /// -//-	1101120		PAGE 10 OF 104 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
	Name of Payee			Date of	of Public Distribution/Dissemination
	aghan Waites			М	11 02 / 2014
Mann	ng Address 9805 St Stephens Ct			Amou	nt
City		State	Zip Code		30.00
Rale		NC	27615		action ID : 7d57f4b6-585e-4f77-8 of Disbursement or Obligation
Purpo Sala	ose of Expenditure ary		Category/ Type 001	M	11 02 / 2014
Nam	e of Federal Candidate		Support	Office Sough	t: House District:00
Ms.	Kay Hagan		X Oppose	Preside	NO.
	Calendar Year-To-Date Per Election for Office Sought	10	087975.24	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	Name of Payee			Date	of Public Distribution/Dissemination
Re	aghan Waites			N.	11 02 / Y Y Y Y Y
Maili	ng Address 9805 St Stephens Ct			L	11 02 2014
	3000 of diophons of			Amou	nt
City		State	Zip Code		3.60
Rale		NC	27615		of Disbursement or Obligation
Purp Mile	ose of Expenditure eage		Category/ Type 002	N	11 / 02 / 2014
Nam	e of Federal Candidate		Support	Office Sough	t: House District:00
Ms.	Kay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	1087975.24	Disbursemen 2014	t For:
(a) SI	UBTOTAL of Itemized Independent Expenditure	es		· •	33.60
(b) SI	UBTOTAL of Unitemized Independent Expendit	tures		· •	
(c) T(OTAL Independent Expenditures			•	7
with, c	penalty of perjury I certify that the independent or at the request or suggestion of, any candidate committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	04 2014
Sig	gnature				

Schedule E)	II EXI EIVE			PAGE 11 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Jonathan M Harris				of Public Distribution/Dissemination
Mailing Address 3654 Tara St			Amour	11 02 2014 nt
City	State	Zip Code		60.00
Springdale	AR	72762		action ID : b453d380-daaf-4ee0-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	277575.33	Disbursement 2014 Of	t For: Primary
Full Name of Payee	<u> </u>		Date of	of Public Distribution/Dissemination
Jonathan M Harris			M	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3654 Tara St				02 2014
355 7 7414 50			Amou	nt
City	State	Zip Code		5.10
Springdale	AR	72762		ction ID : e56dff3b-836f-433e-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 02 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	277575.33	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	65.10
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •	7 1 7 1 2
(c) TOTAL Independent Expenditures				7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	e 11	04 2014
Signature				

Schedule E)		PAGE 12 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if X 24-hour report 48-hour report New r	report Amends report f	iled on O O O O O O O O O O O O O O O O O O
Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination
Mailing Address 416 Vine Dr		11 02 2014 Amount
City State	Zip Code	45.00
Lawrence KS	66049	Transaction ID : f0195a8d-5fe7-47f7-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 02 / Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Mr. Greg Orman	X Oppose [President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Edmond D Rea		11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 416 Vine Dr		Amount
City State	Zip Code	9.30
Lawrence KS	66049	Transaction ID : ed088b82-f417-4567-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	office Sought: House District: 00
Mr. Greg Orman	Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		54.30
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		
	ronically Filed] Date	11 04 2014
Signature		

Sch	hedule E)	L /(1 L .(12.	TOTILO		PAGE 13 OF 104 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	ck if 🔀 24-hour report 🔲 48-hour report	New repo	ort Amends r	report filed	I on Mam / Dab / Yayayay
	Full Name of Payee Lorri Anderson				Date of Public Distribution/Dissemination 11 02 7 2014
	Mailing Address 7214 Duchamp Dr				Amount
-	City	State	Zip Code		50.00
	Charlotte	NC	23215		Transaction ID: 9c775769-d5dc-4371-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 0	001	11 02 / 2014
	Name of Federal Candidate		Suppor	t Office	e Sought: House District: 00
	Ms. Kay Hagan		X Oppose		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	10	087975.24	Disbu 2014	ursement For:
	Full Name of Payee				Date of Public Distribution/Dissemination
Ì	Lorri Anderson				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Mailing Address 7214 Duchamp Dr				11 02 2017
					Amount
-	City	State	Zip Code		4.80
	Charlotte	NC	23215		Transaction ID: 43a3e8c6-3fd0-415d-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 00	002	11 02 / Y Y Y Y
Ì	Name of Federal Candidate		Suppor	rt Office	e Sought: House District: 00
	Ms. Kay Hagan		X Oppose	e	President State: NC
	Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	1087975.24	Disbu 2014	ursement For: Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures	f		······ >	54.80
(k	b) SUBTOTAL of Unitemized Independent Expenditure	res		·····	
(0	c) TOTAL Independent Expenditures			······ >	
W	Inder penalty of perjury I certify that the independen ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed]	Date 1	11 04 2014
	Signature		_		

Schedule E)				PAGE 14 OF 104 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
Vomen Speak Out PAC C c00530766						
Check if 24-hour report 48-hour report	New rep	ort Amends repo		= M / D = D / Y = Y = Y		
Full Name of Payee Gary W Fuhrmann				of Public Distribution/Dissemination		
Mailing Address 9425 Jessica Drive			Amou	11 02 2014 nt		
City	State	Zip Code		67.50		
Shreveport	LA	71106		action ID: b7e74bec-1f0a-4288-8 of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001		11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sough	t: House District: 00		
Ms. Mary L Landrieu		X Oppose	Preside			
Calendar Year-To-Date Per Election for Office Sought	2	230656.44	Disbursement 2014	t For: Primary X General ther (specify) ▶		
Full Name of Payee	-		Date	of Public Distribution/Dissemination		
Gary W Fuhrmann				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 9425 Jessica Drive			Amou	nt		
City	State	Zip Code		8.70		
Shreveport	LA	71106		oction ID: 5290f78f-320a-4814-8 of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002		11 02 2014		
Name of Federal Candidate		Support	Office Sough	nt: House District: 00		
Ms. Mary L Landrieu		Oppose	Presid	ent Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	, , ,	230656.44	Disbursemer 2014	nt For:		
(a) SUBTOTAL of Itemized Independent Expenditure	es			76.20		
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•			
(c) TOTAL Independent Expenditures			· •			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	e 11	04 / 2014		

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Kyler A Jost	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1830 College Height Rd	Amount
	City State Zip Code	45.00
	Manhattan KS 66502	Transaction ID : bd4cfa93-92dc-41e7-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District:00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 246310.99	ursement For: Primary
	Full Name of Payee Kyler A Jost	Date of Public Distribution/Dissemination
	Mailing Address 1830 College Height Rd	11 02 2014
		Amount
	City State Zip Code	22.50
	Manhattan KS 66502	Transaction ID: daa809c7-95c0-47a5-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 02 7 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	67.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	11 04 2014
	Signature	

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OF

Schedule E)	NI EXI END	ITOTILO		PAGE 16 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC	C	C00530766		
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	: Distribution/Dissemination
Joseph R Rys			M 11 /	02 / 2014
Mailing Address 160 #50 Pompano Dr			Amount	
City	State	Zip Code		55.00
New Bern	NC	28560		D: 84579220-1854-46ac-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1(087975.24	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Joseph R Rys			11 /	02 / 2014
Mailing Address 160 #50 Pompano Dr			Amount	
City	State	Zip Code		12.00
New Bern	NC	28560		0 : 888bad0b-7463-4736-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1087975.24	Disbursement For: 2014 Other (sp	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			67.00
			7	7
(b) SUBTOTAL of Unitermized Independent Expendent	ditures		•	7
(c) TOTAL Independent Expenditures)	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 04	2014
•				

Schedule E)	ti Elibrioneo	PAGE 17 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report	filed on fil
Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination
Mailing Address 543 S 2nd St		11 02 2014 Amount
City State	e Zip Code	60.00
Bellaire NC	·	Transaction ID : 63fb7686-8dab-4432-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 02 2014
Name of Federal Candidate	Support	Office Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Kelly Dolan		11 02 / Y Y Y Y Y
Mailing Address 543 S 2nd St		Amount 2014
City Stat Bellaire NC	•	3.90 Transaction ID: 68c65715-6e7c-4b2f-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 02 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary ☐ General 2014 Gther (specify) ☐
(a) SUBTOTAL of Itemized Independent Expenditures		63.90
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of	
Ms. Emily Buchanan	[Electronically Filed] Date	11 04 2014
Signature		

So	chedule E)	I EXI ENDI	TOTILO		PAGE 18 OF 104 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766			
Ch	eck if 24-hour report 48-hour report	New repo	ort Amends repo		T = M / D = D / Y = Y = Y = Y
	Full Name of Payee Rhonda Moback				of Public Distribution/Dissemination
	Mailing Address 2704 E Glen Oaks Dr			— L	11 02 2014
				Amou	ınt
	City	State	Zip Code		32.50
	Wichita	KS	67216		saction ID: a59962d0-18b1-4779-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 / 02 / 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Mr. Greg Orman		X Oppose	Presid	ent Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		46310.99	Disbursemer 2014	nt For:
	Full Name of Payee			Date	of Public Distribution/Dissemination
	Barbara A Williams				11 02 / Y Y Y Y Y Y
	Mailing Address 3002 Darden Rd			Amou	unt
	Apt A				
	City Greensboro	State NC	Zip Code 27407		33.00 action ID : 1ed01ff7-57ce-4e13-a
	Purpose of Expenditure Salary		Category/ Type 001		of Disbursement or Obligation 11
	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Ms. Kay Hagan		Support Oppose	Presid	NC
	Calendar Year-To-Date Per Election for Office Sought	, , .	1087975.24	Disbursemen 2014	nt For:
	(a) SUBTOTAL of Itemized Independent Expenditure	S		. •	65.50
	(b) SUBTOTAL of Unitemized Independent Expenditu	ures		· •	1 7 1 1 7 1 1 7 1
	(c) TOTAL Independent Expenditures			•	7 7
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	, 11 /	04 2014
	•				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Jon Linch	11 02 2014
Mailing Address 6108 Harkins Ave	Amount
City State Zip Code	100.00
Little Rock AR 72210	Transaction ID : f292a906-3b5a-4f74-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 02 2014
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Dis 277575.33	bursement For: Primary General Other (specify) ▶
Full Name of Payee Jon Linch	Date of Public Distribution/Dissemination
Mailing Address 6108 Harkins Ave	11 02 2014 Amount
City State Zip Code	40.20
Little Rock AR 72210	Transaction ID : 29eac314-0f9b-40cd-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 02 2014
Name of Federal Candidate Support Offi	ice Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Dis 277575.33	bursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	140.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	11 04 2014
Signature	

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OF

Sc	chedule E)	LAFLINDI	TONES		PAGE 20 OF 104 FOR SE OF FORM 24/48
VΑ	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC				C C00530766
Ch	eck if 24-hour report 48-hour report	New repo	ort Amends re	eport filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee Alexa S Dudley				Date of Public Distribution/Dissemination
	Mailing Address 4367 Splitlog Rd				11 02 2014 Amount
	City	State	Zip Code		100.00
	Goodman	MO	64843		Transaction ID: 48610108-ca15-4d93-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 00	01	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Mr. Mark L Pryor		X Oppose		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, 2	77575.33	Disbu 2014	rsement For: Primary General Other (specify) ▶
	Full Name of Payee				Date of Public Distribution/Dissemination
	Alexa S Dudley				11 02 / Y Y Y Y
	Mailing Address 4367 Splitlog Rd				Amount
	City	State	Zip Code		36.00
	Goodman	МО	64843		Transaction ID: 9b8993f7-2a70-4e0e-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 00)2	11 02 / 2014
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Mr. Mark L Pryor		X Oppose		President State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	277575.33	Disbu 2014	rsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	S		····· >	136.00
	(b) SUBTOTAL of Unitemized Independent Expenditu	ires		····· >	7 7 7
	(c) TOTAL Independent Expenditures			······ >	7 7 7
,	Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan Signature	[Electron	ically Filed]	ate 1	

Schedule E)				PAGE 21 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FFC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y D Y D Y
Full Name of Payee Tristan Hightower			M = M	blic Distribution/Dissemination
Mailing Address 2490 W Cornerstone PI			Amount	02 2014
City	State	Zip Code		20.00
Fayetteville	AR	72703		on ID: 040e8702-a288-49cb-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 M	02 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	2	777575.33	Disbursement For 2014 Other	:
Full Name of Payee			Date of Pu	ıblic Distribution/Dissemination
Tristan Hightower			11	02 / 2014
Mailing Address 2490 W Cornerstone PI			Amount	
City	State	Zip Code		4.50
Fayetteville Purpose of Expenditure	AR	72703		n ID: da2b59fb-4051-4399-b sbursement or Obligation
Mileage		Category/ Type 002	11 M	02 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	277575.33	Disbursement For 2014 Other	r: Primary
(a) SUBTOTAL of Itemized Independent Expenditure:	s		.	24.50
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· ·	
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 04	

Schedule E)	IVI EXI END	ITOTILO		PAGE 22 OF 104 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼		
Women Speak Out PAC	C00530766					
heck if Z 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Pul	blic Distribution/Dissemination		
Elvis Spears			11	02 / 2014		
Mailing Address 2150 Hope St			Amount			
City	State	Zip Code		80.00		
New Orleans	LA	70119		n ID: d7d1d54a-63d4-4204-8 sbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	11	02 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		230656.44	Disbursement For: 2014 Other (: Primary ⊠ General (specify) ▶		
Full Name of Payee			Date of Pu	blic Distribution/Dissemination		
Elvis Spears			M M M	02 / 2014		
Mailing Address 2150 Hope St			Amount			
City	State	Zip Code		11.10		
New Orleans	LA	70119		n ID: 50ee3b92-ff08-4b8c-b sbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	11	/ 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	7 7	230656.44	Disbursement For 2014 Other	:		
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			91.10		
(-)				7 7		
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7 1 7 1 7		
(c) TOTAL Independent Expenditures			·	7		
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 04			
-						

Schedule E)	VI EXI END	ITOTILO		PAGE 23 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766			
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Kevin L Battle			M = M	olic Distribution/Dissemination
Mailing Address 3300 Asher Ave			Amount	02 2014
City	State	Zin Codo		90.00
Little Rock	AR	Zip Code 72204		n ID : e1de76ec-691c-45ca-b bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	/ D D / Y Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	:	277575.33	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Kevin L Battle			11	02 / 2014
Mailing Address 3300 Asher Ave			Amount	
City	State	Zip Code		73.50
Little Rock Purpose of Expenditure	AR	72204		ID: b63f5286-03ac-4bb1-8 bursement or Obligation
Mileage		Category/ Type 002	11	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 1 7	277575.33	Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	163.50
(b) SUBTOTAL of Unitemized Independent Expendent	litures			
				7
(c) TOTAL Independent Expenditures			>	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 04	
Signaturo				

Schedule Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M
	of Public Distribution/Dissemination
	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1222 SE 44 St Amou	int
City State Zip Code	35.00
Topeka KS 66609 Trans	saction ID : 363d7a9a-9435-412b-8 of Disbursement or Obligation
Purpose of Expenditure	11
Name of Federal Candidate Support Office Sough	nt: House District: 00
Mr. Greg Orman Preside	
Calendar Year-To-Date Disbursemen	nt For: Primary X General
Per Election for Office Sought 246310.99 2014 O	Other (specify)
Full Name of Payee Date Mary Catherine Toburen	
Mailing Address 1222 SE 44 St Amou	11 02 2014 unt
City State Zip Code	10.50
Topeka KS 66609 Transa	action ID: 11642a63-e266-409b-9 of Disbursement or Obligation
Purnose of Expenditure	11 02 2014
Name of Federal Candidate Support Office Sough	nt: House District: 00
Mr. Greg Orman Preside	ent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Column 1	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	45.50
(b) SUBTOTAL of Unitemized Independent Expenditures	171171171
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Sch	nedule E)	LAI LINDI	TOTILO		PAGE 25 OF 104 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report 48-hour report	New repo	ort Amends	report file	d on Mam / Dad / Yayayay
F	Full Name of Payee Francis Richardson				Date of Public Distribution/Dissemination
1	Mailing Address 220 Doucet Rd				11 02 2014 Amount
	City St	tate	Zip Code		15.00
		LA	70503		Transaction ID : 71f1d125-0406-43b2-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate		Suppo	ort Offic	ee Sought: House District: 00
	Ms. Mary L Landrieu		X Oppos		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	230656.44	Disb 2014	ursement For: Primary General Other (specify)
	Full Name of Payee Francis Richardson				Date of Public Distribution/Dissemination 11 02 2014
	Mailing Address 220 Doucet Rd				Amount
	City	itate	Zip Code		1.29
		LA	70503		Transaction ID : 7ec4e98d-c739-423e-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	11 / 02 / 2014
	Name of Federal Candidate		Suppo	ort Offic	ce Sought: House District: 00
	Ms. Mary L Landrieu		No Oppos	se	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		230656.44	Disb 201	oursement For: Primary General Other (specify) Other
(a	a) SUBTOTAL of Itemized Independent Expenditures			······ >	16.29
(b	b) SUBTOTAL of Unitemized Independent Expenditures	3		······ >	
(c	c) TOTAL Independent Expenditures			······ >	
Wi	nder penalty of perjury I certify that the independent eith, or at the request or suggestion of, any candidate of arty committee) any political party committee or its age	or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	11 04 2014
	Signature				

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	FE	EC IDI	ENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC			000530766	
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M	М /	D	Y I Y I Y I Y
	Full Name of Payee	Date of I	Public	Distribution/	Dissemination
	Amy J McMillion	M 11		02	2014
	Mailing Address 1325 S Collegiate Dr Apt 202G	Amount			
	City State Zip Code				18.30
	Wilkesboro NC 28697			D: dd47a288 rsement or C	3-3aa8-459f-9
	Purpose of Expenditure Salary Category/ Type 001	M 11		02	2014
	Name of Federal Candidate Support Office	Sought:		House	District: 00
	Ms. Kay Hagan	President	×	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement F	ı	Primary	X General
				ecify) 🕨	
	Full Name of Payee Amy J McMillion		M /	Distribution, 02	/Dissemination 2014
	Mailing Address 1325 S Collegiate Dr Apt 202G	Amount		02	2014
	City State Zip Code				3.00
	,			: 0213d032 -rsement or (-5cfa-4fab-8
	Purpose of Expenditure Mileage Category/ Type 002	M 11	M /	02	2014
	Name of Federal Candidate Support Office	Sought:		House	District: 00
	Ms. Kay Hagan Oppose	President	×	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement F		Primary ecify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures		7		21.30
	(b) SUBTOTAL of Unitemized Independent Expenditures		7		
	(c) TOTAL Independent Expenditures		-7-		
,	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M / D	04	/ 201	4
	Signature				

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OF

Sched	lule E)	L /(L /(L)			PAGE 27 OF 104 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
Check if	f X 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	" M / D " D / Y " Y " Y " Y
	Name of Payee ene R Hoyer				of Public Distribution/Dissemination
Mail	ling Address 4310 N Mission Rd			Amou	11 02 2014 nt
City		State	Zip Code	—	43.00
	Aire	KS	67226		action ID : f41a58f1-112b-4c7b-8 of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001		11 02 7 2014
Nan	ne of Federal Candidate		Support	Office Sough	t: House District:00
Mr.	Greg Orman		X Oppose	Preside	ent Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	2	246310.99	Disbursemen 2014 O	t For: Primary
Ire	Name of Payee ene R Hoyer				of Public Distribution/Dissemination
Mai	ling Address 4310 N Mission Rd			Amou	nt
City	,	State	Zip Code	\neg L.	16.44
	I Aire	KS	67226	Transa Date	oction ID: 9895650e-052f-4305-9 of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002	N	11 02 / 2014
	me of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr.	Greg Orman		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, ,	246310.99	Disbursemen 2014 O	nt For:
(a) S	SUBTOTAL of Itemized Independent Expenditures	3		• [59.44
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c) T	TOTAL Independent Expenditures			· -	7 1 7 1 7
with,	r penalty of perjury I certify that the independen or at the request or suggestion of, any candidate committee) any political party committee or its a	e or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 11	04 2014
Si	ignature				

Sc	chedule E)	LIVE			PAGE 28 OF 104 FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
V	Vomen Speak Out PAC				C C00530766		
Ch	heck if X 24-hour report 48-hour report New report Amends report filed on						
	Full Name of Payee				Date of Public Distribution/Dissemination		
	Kinsey E Beck				11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Mailing Address 103 Glenhaven Ct				Amount		
	City State		Zip Code		60.00		
	Harvest AL		35749		Transaction ID: e12dd7c7-3035-4514-a Date of Disbursement or Obligation		
	Purpose of Expenditure Salary		Category/ Type 001		11 02 7 2014		
	Name of Federal Candidate		Support	Office	Sought: House District: 00		
	Mr. Mark L Pryor		Oppose		President Senate State: AR		
	Calendar Year-To-Date Per Election for Office Sought	2	277575.33	Disbur 2014	rsement For: Primary General Other (specify) ▶		
	Full Name of Payee Kinsey E Beck				Date of Public Distribution/Dissemination		
	Mailing Address 103 Glenhaven Ct				11 02 2014 Amount		
	City State		Zip Code		26.10		
	Harvest AL		35749		Transaction ID : cb9cbfb0-0114-48d5-a		
	Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 11 02 2014		
	Name of Federal Candidate		Support	Office	Sought: House District: 00		
	Mr. Mark L Pryor		X Oppose		President Senate State: AR		
	Calendar Year-To-Date Per Election for Office Sought		277575.33	Disbui 2014	rsement For: Primary		
	(a) SUBTOTAL of Itemized Independent Expenditures			. •	86.10		
	(I) OUDTOTAL (II ii i						
	(b) SUBTOTAL of Unitemized Independent Expenditures			. •	7 7 7		
	(c) TOTAL Independent Expenditures			•	7 7 7		
,	Under penalty of perjury I certify that the independent exper with, or at the request or suggestion of, any candidate or autparty committee) any political party committee or its agent.						
	Ms. Emily Buchanan	Electron	ically Filed] Date	м -	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Signature		, , Date		2017		

Schedule E)	INI EXI END	THORIES		PAGE 29 OF 104 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC				C C00530766			
heck if X 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee Heather N Montgomery			М				
Mailing Address 106 Wyncrest Ct			Amount	1 02 2014			
City	State	Zip Code		50.00			
Hendersonville	TN	37075		ction ID : 669d754f-4dc8-422b-9 Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	M				
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Mark L Pryor		Oppose	Presiden				
Calendar Year-To-Date Per Election for Office Sought	, ,	277575.33	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶			
Full Name of Payee			Date of	Public Distribution/Dissemination			
Heather N Montgomery				M / D D / Y Y Y Y Y Y 1 1 02 2014			
Mailing Address 106 Wyncrest Ct			Amount				
City	State	Zip Code		18.60			
Hendersonville	TN	37075		tion ID : 7384daa2-536d-4bb1-b Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002		1 02 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Mark L Pryor		Oppose	Presiden				
Calendar Year-To-Date Per Election for Office Sought	- y - 1 - y	277575.33	Disbursement 2014 Oth	For: Primary X General er (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditu	ures			68.60			
(b) SUBTOTAL of Unitemized Independent Expen	ditures		. —	7 1 7 1 7 1			
(,,				7 7			
(c) TOTAL Independent Expenditures			•	4 4 4			
with, or at the request or suggestion of, any candi	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		04 / 2014			
•							

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC ID	ENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C	C00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M M /	D D / Y Y Y Y
	Full Name of Payee	Date of Public	Distribution/Dissemination
	Colton R Overcash	11	02 / 2014
	Mailing Address 121 Ohara Dr	Amount	
ŀ	City State Zip Code		95.00
	Salisbury NC 28147		D: 4d3d42e0-5ac2-4a35-9 rsement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 /	02 / 2014
ı	Name of Federal Candidate Support Office	Sought:	House District:00
	Ms. Kay Hagan Oppose		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Other (sp	Primary ☐ General
	Full Name of Payee Colton R Overcash	Date of Public	Distribution/Dissemination 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 121 Ohara Dr	Amount	
ľ	City State Zip Code	1	155.70
			D: 7134b271-8e74-422b-8 ursement or Obligation
	Purpose of Expenditure Mileage Category/ Type O02	11 /	02 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Kay Hagan Oppose	President \(\sum_{\text{\tiny{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tiny{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tiny{\tinit}\\ \text{\texi{\text{\texi{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}}\\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\tint{\text{\text{\text{\tin}\text{\text{\text{\text{\texi}\text{\text{\text{\texi}\text{\text{\texi}\text{\texi}\text{\texi}\tex{\texi}\text{\texi}\text{\text{\texi}\text{\texi}\text{\texi}\tex	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Other (sp	Primary X General Decify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	7	250.70
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		1 4 1 4 1
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may ith, or at the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 04	2014
	Signature		

PAGE

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OF

Signature

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24	1/48 HOUR REPORT OF INDEPENDENT EXPENDI	ITURES	
	chedule E)		PAGE 31 OF 104 FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	Nomen Speak Out PAC		C C00530766
_ Cł	heck if X 24-hour report 48-hour report New report	oort Amends repo	ort filed on
_	Full Name of Payee Andrew Sricklin		Date of Public Distribution/Dissemination
	Mailing Address 2026 West Nettleton Avenue Apt 2		11 02 2014 Amount
	Ctoto		20.00
	City State Jonesboro AR	Zip Code 72401	20.00 Transaction ID : a0480943-1a2f-4cb0-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Mark L Pryor	X Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	277575.33	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Andrew Sricklin		Date of Public Distribution/Dissemination 11 02 2014
	Mailing Address 2026 West Nettleton Avenue Apt 2		Amount
	City State	Zip Code	46.26
	Jonesboro AR	72401	Transaction ID : f1e8684c-543c-499d-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 02 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Mark L Pryor	X Oppose	President Senate State: AR
-	Calendar Year-To-Date Per Election for Office Sought	277575.33	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		66.26
	(b) SUBTOTAL of Unitemized Independent Expenditures		· •
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M = M / D = D / Y = Y = Y

[Electronically Filed]

2014

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Date

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VV	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed	on	= M	/ D = D /	Y = Y = Y = Y
Т	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Felicia A Jones		11 ^M	02	2014
	Mailing Address 4106 Martha St	Amour	nt		
ŀ	City State Zip Code				80.00
	Shreveport LA 71109			n ID: 7daec74f bursement or C	-a543-4583-a
	Purpose of Expenditure Salary Category/ Type 001		11 ^M	02	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Mary L Landrieu Oppose	Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 230656.44 Disbu 2014	rsement		Primary specify) ▶	X General
İ	Full Name of Payee Felicia A Jones		of Pub	olic Distribution/	
	Mailing Address 4106 Martha St	IVI	11	02	2014
	Mailing Address 4106 Martha St	Amou	nt		
ŀ	City State Zip Code				9.90
	Shreveport LA 71109			ID: e8397e08- bursement or C	
	Purpose of Expenditure Mileage Category/ Type 002	M	11 ^M	02	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 230656.44			Primary specify) ▶	X General
((a) SUBTOTAL of Itemized Independent Expenditures		-		89.90
((b) SUBTOTAL of Unitemized Independent Expenditures			7	
((c) TOTAL Independent Expenditures			7 - 7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M / 1	04	D / Y Y 201	4
	Signature		_		

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OF

	include Ly	FOR SE OF FORM 24/48					
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
۷۱	/omen Speak Out PAC	C C00530766					
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y					
٦	Full Name of Payee	Date of Public Distribution/Dissemination					
	Kolbe J Peloquin	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Mailing Address 623 Union Park Circle	Amount					
	City State Zip Code	35.00					
	Colwich KS 67030	Transaction ID : cfe0ab9a-c2d7-43fc-9 Date of Disbursement or Obligation					
	Purpose of Expenditure Salary Category/ Type 001	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Name of Federal Candidate Support Office	e Sought: House District: 00					
	Mr. Greg Orman Oppose	President State: KS					
	040040.00	ursement For: Primary X General					
	Per Election for Office Sought 246310.99 2014	Other (specify) ▶					
	Full Name of Payee Kolbe J Peloquin	Date of Public Distribution/Dissemination					
	Mailing Address 623 Union Park Circle	11 02 2014 Amount					
	City State Zip Code	18.00					
	Colwich KS 67030	Transaction ID: 4f6d874b-1a85-4037-9 Date of Disbursement or Obligation					
	Purpose of Expenditure Mileage Category/ Type 002	11 02 / 2014					
	Name of Federal Candidate Support Office	e Sought: House District: 00					
		President State: KS					
	Calendar Year-To-Date Per Election for Office Sought Disbrace 246310.99	ursement For: Primary					
	(a) SUBTOTAL of Itemized Independent Expenditures	53.00					
	(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures						
1	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	(17) (17) (17)	1 04 2014					
	Signature	لحنتها لنا ك					

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OF

Schedule	E)		1101120		PAGE 34 OF 104 FOR SE OF FORM 24/48			
	DMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼			
Women	Speak Out PAC				C C00530766			
Check if X	heck if Z 24-hour report 48-hour report New report Amends report filed on							
	e of Payee a F Arnold	<u>, </u>			of Public Distribution/Dissemination			
Mailing A	ddress 1117 Clipper Dr			Amour	11 02 2014 nt			
City		State	Zip Code		28.00			
Slidell		LA	70458		action ID: b53b8ebb-3037-43d4-a of Disbursement or Obligation			
Purpose Salary	of Expenditure		Category/ Type 001		11 02 / 2014			
Name of	Federal Candidate		Support	Office Sough	t: House District: 00			
Ms. Mary	L Landrieu		X Oppose	Preside	ent Senate State: LA			
	ndar Year-To-Date Election for Office Sought	2	230656.44	Disbursement 2014 Of	t For: Primary X General			
	e of Payee a F Arnold				of Public Distribution/Dissemination			
Mailing A	ddress 1117 Clipper Dr			Amou				
City		State	Zip Code		3.60			
Slidell		LA	70458	Transa Date of	ction ID: a8d09411-3c34-4a77-a of Disbursement or Obligation			
Purpose Mileage	of Expenditure		Category/ Type 002	M	11 02 7 2014			
Name of	Federal Candidate		Support	Office Sough	t: House District: 00			
Ms. Mary	L Landrieu		X Oppose	Preside				
	ndar Year-To-Date Election for Office Sought	7	230656.44	Disbursemen 2014 O	t For:			
(a) SUBTO	DTAL of Itemized Independent Expenditu	ures			31.60			
(b) SUBTO	OTAL of Unitemized Independent Expendent	ditures		•				
(c) TOTAL	. Independent Expenditures			•	7 1 7 1 7			
with, or at	alty of perjury I certify that the indepen- the request or suggestion of, any candi- nittee) any political party committee or it	date or authorized						
	Ms. Emily Buchanan	[Electron	ically Filed] Date	, 11 /	04 2014			
Signatu	re							

Sche	dule E)	1 6741 6142			PAGE 35 OF 104 FOR SE OF FORM 24/48			
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼			
Wor	men Speak Out PAC				C C00530766			
Check	heck if \times 24-hour report 48-hour report New report Amends report filed on							
Ful	II Name of Payee Bloria L Moyer			М	of Public Distribution/Dissemination			
Ма	ailing Address 1505 Dills Creek Lane			Amour	11 02 2014 nt			
Cit	tv	State	Zip Code		15.00			
	lorehead	NC	28557		action ID: 07af2284-d561-4d11-9 of Disbursement or Obligation			
	rpose of Expenditure alary		Category/ Type 001		11 02 / 2014			
Na	ame of Federal Candidate		Support	Office Sought	t: House District:00			
Ms	s. Kay Hagan		X Oppose	Preside	NC NC			
	Calendar Year-To-Date Per Election for Office Sought	10	087975.24	Disbursement 2014 Ot	refer: Primary X General Scher (specify) ►			
	III Name of Payee Gloria L Moyer				of Public Distribution/Dissemination			
Ma	ailing Address 1505 Dills Creek Lane			Amou				
Cit	ty	State	Zip Code		2.70			
	forehead	NC	28557		ction ID : 2cc7ae32-1865-442f-8 of Disbursement or Obligation			
	ırpose of Expenditure fileage		Category/ Type 002		11 02 / 2014			
Na	ame of Federal Candidate		Support	Office Sough	t: House District:00			
M	s. Kay Hagan		Oppose	Preside				
	Calendar Year-To-Date Per Election for Office Sought		1087975.24	Disbursemen 2014 O	t For:			
(a)	SUBTOTAL of Itemized Independent Expenditure	9S			17.70			
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures						
(c)	TOTAL Independent Expenditures			•	7 1 7 1 7			
with	ler penalty of perjury I certify that the independent, or at the request or suggestion of, any candidately committee) any political party committee or its a	te or authorized						
_	Ms. Emily Buchanan	[Electron	nically Filed] Date	11 /	04 2014			
3	Signature							

So	chedule E)	LXI LIVDI	TOTILO		PAGE 36 OF 104 FOR SE OF FORM 24/48		
VΑ	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
٧	Vomen Speak Out PAC				C C00530766		
Ch	eck if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y		
	Full Name of Payee Joshua D Syrotchen				of Public Distribution/Dissemination		
	Mailing Address 915 East Market Ave			Amo	11 02 2014 unt		
	City S	State	Zip Code		80.00		
		AR	72149		saction ID: 0b028648-300b-4611-8 of Disbursement or Obligation		
	Purpose of Expenditure Salary		Category/ Type 001		11 02 7 2014		
	Name of Federal Candidate		Support	Office Soug	ht: House District: 00		
	Mr. Mark L Pryor		X Oppose	Presid	dent Senate State: AR		
	Calendar Year-To-Date Per Election for Office Sought	2	77575.33	Disburseme 2014	nt For: Primary X General Other (specify) ▶		
	Full Name of Payee			Date	of Public Distribution/Dissemination		
	Joshua D Syrotchen			[M M / D D / Y Y Y Y Y 1 Y 1 1 1 02 2014		
	Mailing Address 915 East Market Ave			Amo	unt		
	City	State	Zip Code		74.10		
	Searcy	AR	72149		action ID: d408d3d0-832f-435b-b of Disbursement or Obligation		
	Purpose of Expenditure Mileage		Category/ Type 002		11 02 2014		
	Name of Federal Candidate		Support	Office Soug	ht: House District: 00		
	Mr. Mark L Pryor		X Oppose	Presid			
	Calendar Year-To-Date Per Election for Office Sought		277575.33	Disburseme 2014	ont For: Primary X General Other (specify) ▶		
	(a) SUBTOTAL of Itemized Independent Expenditures				154.10		
	(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •			
	(c) TOTAL Independent Expenditures			· •			
	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	11	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

Schedule E)	VI EXI END	ITOTILO		PAGE 37 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Brogan A Benoit			Date of P	ublic Distribution/Dissemination
Mailing Address 7144 South River Rd			11	02 2014
			Amount	
City	State	Zip Code		120.00
Addis	LA	70710		on ID: 21920868-a9e0-44d8-8 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	230656.44	Disbursement Fo	or: Primary
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Brogan A Benoit			M 11	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7144 South River Rd			Amount	
City	State	Zip Code	$-\Box$	27.60
Addis	LA	70710		on ID: 4ef1eb4c-1367-4856-b disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	230656.44	Disbursement Fo	or: Primary X General (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	res			147.60
,,			,	7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	7 7
(c) TOTAL Independent Expenditures			>	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
• · · · · · · · · · · · · · · · · · · ·				

Schedule E)	T EXI END	TOTILO		PAGE 38 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of P	bublic Distribution/Dissemination
Timothy Foley			11	02 / 2014
Mailing Address 20679 Glenbrook Terrace			Amount	
City	State	Zip Code		20.00
Sterling	VA	20165		ion ID : d156b3f5-d063-4d61-8 bisbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , , 2	46310.99	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee	-		Date of F	Public Distribution/Dissemination
Robert B Johnson			11	02 / 2014
Mailing Address 804 Worthington Way			Amount	
City	State	Zip Code		40.00
Wilmington	NC	28411		on ID: d2d3c488-3501-45ef-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	1087975.24	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	9S		· •	60.00
(b) SUBTOTAL of Unitemized Independent Expendit	tures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	71171171
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidar party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-				

Schedule E)	VI EXI END	ITOTILO		PAGE 39 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Lisa A Hackett			M 11	02 / 2014
Mailing Address 137 S Palm ST			Amount	
City	State	Zip Code		20.00
Winnabow	NC	28479		D: 0b8572fd-ca74-45c2-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	087975.24	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee	_		Date of Public	c Distribution/Dissemination
Lisa A Hackett			M M M 11	02 / 2014
Mailing Address 137 S Palm ST			Amount	
City	State	Zip Code		1.29
Winnabow	NC	28479		D: 18f6da27-d2c3-4dac-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	02 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1087975.24	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	'es			21.29
			7	7 ~
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •	
(c) TOTAL Independent Expenditures)	7 1 2
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 04	2014
- 9				

Schedule E)	INI EXI ENE	on one o		PAGE 40 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FF	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC				
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee John MacDonald			M	
Mailing Address 1926 Edgewater Dr			Amount	02 2014
City	State	Zip Code		37.50
Charolette	NC	28210		ion ID : 3973cd17-6963-4f87-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	087975.24	Disbursement For 2014 Other	or:
Full Name of Payee			Date of F	Public Distribution/Dissemination
John MacDonald			M 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1926 Edgewater Dr				02 2014
1			Amount	
City	State	Zip Code		11.40
Charolette	NC	28210		on ID : 517f460e-7bd1-45b9-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	02 / 9 9 9
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1087975.24	Disbursement For 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expend	itures		· •	48.90
(b) SUBTOTAL of Unitemized Independent Expe	nditures		·· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date		04 2014
Signature				

	,	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
\Box	Full Name of Payee	Date of Public Distribution/Dissemination
	Jackson S Tuttle	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 404 Chancery Park Ct	Amount
	City State Zip Code	45.00
	Kernersville NC 27284	Transaction ID : c51f5511-8779-45dc-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District:00
	Ms Kay Hagan	President State: NC NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary General Other (specify)
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jackson S Tuttle	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 404 Chancery Park Ct	Amount
	City State Zip Code	6.00
	Kernersville NC 27284	Transaction ID: 57fec856-9f6f-409b-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 02 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	51.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	1 04 2014
	Signature	

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OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y I Y I Y I Y
٦	Full Name of Payee	Date o	f Pub	olic Distribution/	Dissemination
	Joneisha Stewart		11	02	2014
	Mailing Address 2329 Runnymede Dr	Amour	nt		
	City State Zip Code				40.00
	Marrero LA 70072			ID: d1985d15	5-5cfc-4928-8
	Purpose of Expenditure Salary Category/ Type 001	M	11 M	02	2014
	Name of Federal Candidate Support Office	Sought	t:	House	District:00
	Ms. Mary L Landrieu	Preside	nt	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 230656.44 Disbut 2014	rsement		Primary specify) ▶	General
	Full Name of Payee			olic Distribution	/Dissemination
	Joneisha Stewart	М	11 M	/ D D /	2014
	Mailing Address 2329 Runnymede Dr	Amour	nt		
	City State Zip Code				7.20
	Marrero LA 70072			ID: 85290e17- bursement or 0	
	Purpose of Expenditure Mileage Category/ Type 002		11 ^M	02	2014
	Name of Federal Candidate Support Office	Sought	t:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 230656.44			Primary specify) ▶	X General
	(a) SUBTOTAL of Itemized Independent Expenditures				47.20
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			7	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	04	D / Y Y 201	4
	Signature				

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Schedule E)	JI 1115E1 E115E111 -7.		101120		PAGE 43 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Ful					FEC IDENTIFICATION NUMBER ▼
Women Speak Out P	AC				C C00530766
Check if 24-hour report	48-hour report	New repo	ort Amends re	eport filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee Christopher L Gilbe	ert				Date of Public Distribution/Dissemination
Mailing Address 55 Lovell J	lohnson Rd				11 02 2014 Amount
City	State		Zip Code		82.50
Picayune	MS		39466		Transaction ID : baed24a1-1591-4581-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 00	01	11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate			Support	Office	e Sought: House District: 00
Ms. Mary L Landrieu			X Oppose		President State: LA
Calendar Year-To-Date Per Election for Office	Sought	2	30656.44	Disb: 2014	ursement For:
Full Name of Payee Christopher L Gilber Mailing Address 55 Love	rt Il Johnson Rd				Date of Public Distribution/Dissemination 11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	Ctoto		7in Codo		44.40
City Picayune	State MS		Zip Code 39466		41.40 Transaction ID : c5fcf1ea-c6e2-45c9-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type 00	02	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate)		Support	t Offic	ee Sought: House District:00
Ms. Mary L Landrieu			Oppose	•	President Senate State: LA
Calendar Year-To-Date Per Election for Office	Sought	- 7	230656.44	Disb 2014	oursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized	Independent Expenditures			····· >	123.90
(b) SUBTOTAL of Unitemize	d Independent Expenditures			····· >	
(c) TOTAL Independent Exp	enditures			····· •	
with, or at the request or su					nade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
Ms. Emily Bucha		[Electron	ically Filed] D	ate 1	11 04 2014
Signature					

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷V	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Maria A Britt	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4894 Thunder Bolt	Amount
ŀ	City State Zip Code	90.00
	Concord NC 28205	Transaction ID : d8ece8c3-7aa8-4127-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 02 2014
ı	Name of Federal Candidate Support Office	Sought: House District:00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
	Full Name of Payee Christopher Marquess Mailing Address 110 W Pecan St	Date of Public Distribution/Dissemination
		Amount
1	City State Zip Code	50.00
		Transaction ID : 400830e9-a0cd-4bcf-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 02 / 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 230656.44	rsement For: Primary X General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	140.00
((b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 4 1 4 1 6
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date Signature	04 2014
	Oignature	

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			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	0		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PA	C		C C00530766
Check if 24-hour report	48-hour report New report	ort Amends report file	ed on M M / D D / Y Y Y Y
Full Name of Payee Christopher Marque	ee.		Date of Public Distribution/Dissemination
			11 02 / Y Y Y Y Y
Mailing Address 110 W Pecar	n St		Amount
City	State	Zip Code	36.00
Ville Platte	LA	70586	Transaction ID: b1d3c701-69c8-465a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support Off	ice Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office So	ought 2	Dis 201	sbursement For: Primary General Other (specify) Other
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination
Mailing Address 600 W Vin	e Ave		Amount
City	State	Zip Code	91.50
Searcy	AR	72143	Transaction ID: 83bf352b-0333-4cfb-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support Off	fice Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office So	ought	277575.33 Dis	sbursement For: Primary X General 14 Other (specify) ▶
(a) SUBTOTAL of Itemized Inc.	dependent Expenditures	·····	127.50
(b) SUBTOTAL of Unitemized	Independent Expenditures	·····	
(c) TOTAL Independent Expen	ditures		
	estion of, any candidate or authorized		made in cooperation, consultation, or concert her, or (if the reporting entity is not a political
Ms. Emily Buchanan		ically Filed] Date	11 04 2014
Signature			

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Schedule E)	IN EXIEND	HONES		PAGE 46 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Stuart T Haley			11	02 / 2014
Mailing Address 600 W Vine Ave			Amount	
City	State	Zip Code		30.00
Searcy	AR	72143		D: 4c8026bb-71a9-41b8-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 11	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	277575.33	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
LaVonna A Brown			M M M 11	02 / 2014
Mailing Address 1211 Treaty Rd			Amount	
City	State	Zip Code		45.00
Delphos	KS	67436		D: 798a10d4-81d0-422d-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 11	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , , ,	246310.99	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures			75.00
			-	7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>	7 7
(c) TOTAL Independent Expenditures)	1 4 1 6
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 04	2014
S.g. accio				

Schedule E)		PAGE 47 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		O State to
Check if X 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee LaVonna A Brown	Da	ate of Public Distribution/Dissemination
Mailing Address 1211 Treaty Rd		11 02 2014
	Am	nount
City State Zip C	Ode	23.40
Delphos KS 6743		ansaction ID: 3b6ffa2c-81d5-429b-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Cate	egory/ Type 002	11 02 2014
Name of Federal Candidate	Support Office Sou	ught: House District:00
Mr. Greg Orman		esident State: KS
Calendar Year-To-Date Per Election for Office Sought 246310	0.99 Disbursen 2014	ment For:
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Julia Perry		11 02 7 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 2046 Perrin St Apt C	An	
	All	mount
City State Zip (80.00
Shreveport LA 7110		Insaction ID: 17b7adf1-7c93-4a77-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary Cate	egory/ Type 001	11 02 / 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pre	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 23	0656.44 Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	103.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	· ·	
Under penalty of perjury I certify that the independent expenditures repor with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically 1	Filed] Date 11	04 2014
Signature		

Schedule E)	PAGE 48 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Dylan J Sparks	Date of Public Distribution/Dissemination
Mailing Address 915 East Market Ave	11 02 2014 Amount
Old	
City State Zip Code Searcy AR 72149	80.00 Transaction ID: cf14639e-b994-4860-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbut 277575.33 Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Dylan J Sparks	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 East Market Ave	Amount
City State Zip Code	59.40
Searcy AR 72149	Transaction ID: a75e69b3-6754-4379-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 02 / 2014
	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought Disbut 277575.33	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	139.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	1 04 2014
Signature	

Schedule E)	L /(L (2)			PAGE 49 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee Jacob W Joosten				of Public Distribution/Dissemination
Mailing Address 1906 S Pine Apt B			— L	11 02 2014
			Amou	nt
City	State	Zip Code		50.00
Pittsburg	KS	66762		action ID: fa286f81-1abd-4bd3-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Greg Orman		X Oppose	Preside	LC LC
Calendar Year-To-Date Per Election for Office Sought	2	246310.99	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payee				of Public Distribution/Dissemination
Jacob W Joosten				1 M / D D / Y Y Y Y
Mailing Address 1906 S Pine Apt B			L	11 02 2014
1300 01 1110 / IPC 2			Amou	nt
City	State	Zip Code		49.68
Pittsburg	KS	66762		oction ID: e4f32b40-3bae-4b9e-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 02 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Greg Orman		X Oppose	Preside	₩ KS
Calendar Year-To-Date Per Election for Office Sought	, , ,	246310.99	Disbursemen 2014	nt For: Primary X General Other (specify) ▶
•				
(a) SUBTOTAL of Itemized Independent Expenditures	}		•	99.68
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	M M /	04 2014
Signature				

· · · · ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
Women Speak Out FAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Leslie D Moore		Date of Public Distribution/Dissemination
		11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1903 Swan Dr	A	Amount
City	State Zip Code	100.00
Lenoir		ransaction ID : 8d2555ac-f296-40cd-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 02 / 2014
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Kay Hagan	Oppose Pr	resident State: NC
Calendar Year-To-Date Per Election for Office Sought	1087975.24 Disburse 2014	ement For: Primary
Full Name of Payee Leslie D Moore Mailing Address 1903 Swan Dr		Date of Public Distribution/Dissemination 11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	5.70
Lenoir	NC 28645 Tr	ransaction ID : c9f7a90f-8c67-4c43-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 02 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1087975.24 Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.	· · · · · · · · · · · · · · · · · · ·	105.70
(b) SUBTOTAL of Unitemized Independent Expenditure	es	
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 11	04 2014
Signature		

PAGE

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OF

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
Women Speak Out FAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Leslie D Moore	D	ate of Public Distribution/Dissemination
		11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1903 Swan Dr	A	mount
City	State Zip Code	100.00
Lenoir		ransaction ID : 7bc40480-03b0-4b67-a ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 02 7 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	Oppose Pro	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1087975.24 Disburse 2014	ment For:
Full Name of Payee Leslie D Moore Mailing Address 1903 Swan Dr		nate of Public Distribution/Dissemination 11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	5.70
Lenoir	NC 28645 Tra	ansaction ID: 9440cb20-4861-4b9c-9 late of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	Oppose Pr	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1087975.24 Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures.		105.70
(b) SUBTOTAL of Unitemized Independent Expenditure	es	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 11	04 2014
Signature		

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OF

Schedule E)	INT EXI END	ITOTILO		PAGE 52 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Andy Ramos				M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 907 West Trail			Amoun	t
City	State	Zip Code		70.00
Dodge City	KS	67801		ction ID : dcf50688-5a37-481b-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 02 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		246310.99	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Andy Ramos				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 907 West Trail			Amoun	t
City	State	Zip Code		3.75
Dodge City	KS	67801		tion ID : 7c9135b6-3eb8-49ac-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		1 02 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	246310.99	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			73.75
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		. •	4 1 4 1 4
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	04 2014
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oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Carmen Maddrey	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2043 Nottingham Ln Amo	ount
City State Zip Code	20.00
Burlington NC 27215 Train	nsaction ID : 518ee377-6095-411b-9 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 02 7 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Kay Hagan Presi	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary ⊠ General Other (specify) ▶
	e of Public Distribution/Dissemination
Mailing Address 2043 Nottingham Ln	02 2014 ount
City.	4.00
	1.20 saction ID : dec243cc-1187-411f-a
Purpose of Expenditure Mileage Category/ Type O02	e of Disbursement or Obligation
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Kay Hagan Ms. Kay Hagan Pres	• 🗀
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	21.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Victor M Valdez	11 02 2014
	Mailing Address 1702 Central Ave	Amount
	City State Zip Code	70.00
	Dodge City KS 67801	Transaction ID : 49da260c-7780-4ea4-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calcificat to Bato	ursement For: Primary X General
	Per Election for Office Sought 246310.99 2014	Other (specify) ▶
	Full Name of Payee Victor M Valdez	Date of Public Distribution/Dissemination
	Mailing Address 1702 Central Ave	11 02 2014 Amount
	City State Zip Code	3.75
	Dodge City KS 67801	Transaction ID : 7390b348-1b58-4f69-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	73.75
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		M / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	
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Schedule E)	a EnditionEd	PAGE 55 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if X 24-hour report 48-hour report	New report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination
Mailing Address 9685 Paula St		11 02 2014 Amount
City Stat	e Zip Code	105.00
Keithville LA	·	Transaction ID : eb1abcae-386a-4f7b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 02 7 2014
Name of Federal Candidate	Support	Office Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Jessica R Resendiz		11 02 / Y Y Y Y
Mailing Address 9685 Paula St		Amount
City Stat Keithville LA	•	59.10 Transaction ID: 6884c078-3913-45c2-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 02 / Y 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		164.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
(4, 55-55-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-		75 75 75
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of	
Ms. Emily Buchanan	[Electronically Filed] Date	11 04 2014
Signature		

Women Speak Out PAC FeC IDENTIFICATION NUMBER ▼		include Ly	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Jennifer F Gilbert Name of Payee State Zip Code Support Amount	۷۱	omen Speak Out PAC	C C00530766
Mailing Address 180 McNeil Steep Hollow Rd	Che	eck if Z 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Mailing Address 180 McNail Steep Hollow Rd City State Zip Code MS 39426 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Celendar Year-To-Date Purpose of Payer Jennifer F Gilbert Milling Address 180 McNail Steep Hollow Rd City State Zip Code President Senate State: LA Disbursement For: Primary General Purpose of Expenditure Ms. Mary L Candidate Ms. Mary L Landrieu Calendar Year-To-Date Payer Ms. 39426 Purpose of Expenditure Ms. Mary L Landrieu Category/ OD2 Transaction ID: :335cfdc2-9890-413e-8 Date of Public Distribution/Dissemination This O2 2014 Amount Amount City State Zip Code Carriere Ms. 39426 Transaction ID: :2356322-cd5d-4639-9 Date of Disbursement For: Primary General Public Distribution/Dissemination This O2 2014 Amount City State Zip Code Carriere Ms. 39426 Transaction ID: :2356322-cd5d-4639-9 Date of Disbursement For: Primary General Public Disbursement or Obligation This O2 2014 Amount City State Zip Code Carriere Ms. 39426 Transaction ID: :2356322-cd5d-4639-9 Date of Disbursement For: Primary General Public Disbursement or Obligation This O2 2014 Amount City O2 2014 Amount City O3 2014 Amount City O4 2014 City O4 2014 City O5 2014	П	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Carriere MS 39426 Transaction ID : 535cfdc28980-413e-8 Date of Disbursement or Obligation Name of Federal Candidate Ms. Mary L Landrieu Calegory/ Dot Till Disbursement or Obligation Ms. Mary L Landrieu City State Zip Code Carriere MS 39426 Purpose of Expenditure Mailing Address 180 McNeil Steep Hollow Rd City State Zip Code Carriere MS 39426 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Category/ O02 Transaction ID : 2356522-cd5d-4639-9 Date of Disbursement For: Primary General Amount City State Zip Code Carriere MS 39426 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Category/ O02 Transaction ID : 22356322-cd5d-4639-9 Date of Disbursement or Obligation Transaction ID : 22356322-cd5d-4639-9 Date of Disbursement or Obligation Transaction ID : 22356322-cd5d-4639-9 Date of Disbursement or Obligation Transaction ID : 22356322-cd5d-4639-9 Date of Disbursement or Obligation Transaction ID : 22356322-cd5d-4639-9 Date of Disbursement or Obligation Transaction ID : 22356322-cd5d-4639-9 Date of Disbursement or Obligation Transaction ID : 22356322-cd5d-4639-9 Date of Disbursement or Obligation Transaction ID : 22356322-cd5d-4639-9 Date of Disbursement or Obligation Transaction ID : 22356322-cd5d-4639-9 Date of Disbursement or Obligation Transaction ID : 22356322-cd5d-4639-9 Date of Disbursement or Obligation Transaction ID : 22356322-cd5d-4639-9 Date of Disbursement or Obligation Transaction ID : 22356322-cd5d-4639-9 Date of Disbursement or Obligation Transaction ID : 22356322-cd5d-4639-9 Date of Disbursement or Obligation Transaction ID : 22356322-cd5d-4639-9 Date of Disbursement For: Primary Mail Indiana		Jennifer F Gilbert	
Carriere MS 39426 Purposa of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Purpose of Expenditure Ms. Mary L Landrieu Carriere MS 39426 Transaction ID : 535cfdc2-8980-413e-8 Date of Disbursement or Obligation 11		Mailing Address 180 McNeil Steep Hollow Rd	Amount
Carriere MS 39426 Purposa of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Purpose of Expenditure Ms. Mary L Landrieu Carriere MS 39426 Transaction ID : 535cfdc2-8980-413e-8 Date of Disbursement or Obligation 11	ŀ	City State Zip Code	75.00
Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Purpose of Expenditure Mileage Category/ Type Office Sought: Disbursement For: Primary General Date of Public Distribution/Dissemination Til 02 2 2014 Amount City State Category/ Type O02 Transaction ID: 22356322-cd54-4639-9 Date of Disbursement or Obligation Purpose of Expenditure Mileage Name of Federal Candidate Mileage Category/ Type O02 Transaction ID: 22356322-cd54-4639-9 Date of Disbursement or Obligation Transaction ID: 22356322-cd54-4639-9 Date of Disbursement or Obligation Transaction ID: 22356322-cd54-4639-9 Date of Disbursement or Obligation Transaction ID: 22356322-cd54-4639-9 Date of Disbursement For: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Amount Calendar Year-To-Date Per Election for Office Sought Other (specify) Support Other (specify) O			Transaction ID : 535cfdc2-8980-413e-8
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jennifer F Gilbert City State Carriere Ms 39426 Purpose of Expenditure Mileage Ns. Mary L Landrieu Calendar Year-To-Date Purpose of Expenditure Ms. Mary L Landrieu Calendar Year-To-Date Purpose of Expenditure Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Name of Pederal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office		Salany Odlegory/ 001	M M / D D / Y Y Y Y
Ms. Mary L Landrieu Calendar Year-To-Date President Senate State: LA	ı	Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought Per Election for Office Sought 230656.44 2014 Other (specify) ▶		Ma Marriel Landrice	
Full Name of Payee Jennifer F Gilbert Mailing Address 180 McNeil Steep Hollow Rd City Carriere MS 39426 Purpose of Expenditure Mileage Ns. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date of Public Distribution/Dissemination Amount Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Amount Carriere Category/ Type Od2 Transaction ID: 2236522-cd5d-4639-9 Date of Disbursement or Obligation President Senate LA Disbursement For: Primary General Other (specify) Other (specify) Other (specify) Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		000050 44	
Mailing Address 180 McNeil Steep Hollow Rd		Per Election for Office Sought	
Mailing Address 180 McNeil Steep Hollow Rd City State Zip Code Carriere MS 39426 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Ele			
Carriere MS 39426 Transaction ID: 22356322-cd54-4639-9 Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Support Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Other (specify) 91.20 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: 22356322-cd54-483-9 Date Till To Under Penalty Of Portury I Cartify Type Date Till To Under Penalty Of Period V Year-Year-Year-Year-Year-Year-Year-Year-		Mailing Address 180 McNeil Steep Hollow Rd	
Carriere MS 39426 Transaction ID: 22356322-cd54-4639-9 Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Support Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Other (specify) 91.20 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: 22356322-cd54-483-9 Date Till To Under Penalty Of Portury I Cartify Type Date Till To Under Penalty Of Period V Year-Year-Year-Year-Year-Year-Year-Year-		City State Zip Code	16.20
Purpose of Expenditure Mileage Category/ Type 002			
Ms. Mary L Landrieu Calendar Year-To-Date President Senate State: LA		Mileage Category/ 002	M M / D D / Y Y Y Y
Ms. Mary L Landrieu Calendar Year-To-Date President Senate State: LA		Name of Federal Candidate Support Office	ee Sought: House District: 00
Per Election for Office Sought 230656.44 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures		201	4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M. M		(a) SUBTOTAL of Itemized Independent Expenditures	91.20
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date MMMM O4 2014	((b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	((c) TOTAL Independent Expenditures	
[Electronically Filed] Date 11 04 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
		(F1 11 - F2 - 11	

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OF

Schedule E)	VI EXI END	TOTILO		PAGE 57 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of F	Public Distribution/Dissemination
Jeanne Tribou			M 11	
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code	<u> </u>	70.00
Mandeville	LA	70471		ion ID: a0849c38-555b-41fd-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		230656.44	Disbursement F 2014 Othe	or:
Full Name of Payee			Date of	Public Distribution/Dissemination
Jeanne Tribou			11	
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		17.10
Mandeville	LA	70471		on ID : 6bd6ac1f-4ea3-473b-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	230656.44	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditu	res			87.10
				7 7
(b) SUBTOTAL of Unitemized Independent Expendent	itures		·	7 7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		04 2014
3				

Scl	hedule E)	L/(1 L.(12.	101120				PAGE 58 OF 104 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report 48-hour report	New repo	ort Ame	nds repo	rt filed on	M = M /	D = D / Y = Y = Y
T	Full Name of Payee April A Watson					M = M	c Distribution/Dissemination
-	Mailing Address 30217 Crook Rd				Amo	unt	02 2014
1	City	State	Zip Code		 ┌ '		20.00
		MO	64734				ID: bd82620e-cc78-4e4c-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M M /	02 / 2014
l	Name of Federal Candidate		Sı	upport	Office Soug	ht:	House District:00
	Mr. Greg Orman			ppose	Presid	_	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	2	246310.99		Disburseme 2014	nt For: Other (sp	Primary
	Full Name of Payee April A Watson				Date	of Public	c Distribution/Dissemination
	Mailing Address 30217 Crook Rd				Amo		02 2017
ŀ	City	State	Zip Code		$-\Gamma$		27.00
		MO	64734				D: 519c0535-0773-410b-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002] [M M M M	02 2014
	Name of Federal Candidate		Sı	upport	Office Soug	ht:	House District: 00
-	Mr. Greg Orman		X o	ppose	Presid		Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		246310.99		Disburseme 2014	nt For: Other (sp	Primary X General Decify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures				· [47.00
((b) SUBTOTAL of Unitemized Independent Expenditure	∋s			· [1 1 7 1 1 7 1
((c) TOTAL Independent Expenditures				•		
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	11	04	2014
	Signature						

NAME OF COMMITTEE (In Full) Women Speak Out PAC C C00530766 Check if X 24-hour report 48-hour report	UMBER ▼
. C C00530766	
Check if X 24 hour report	
Check if X 24-hour report 48-hour report New report Amends report filed on	Y Y Y Y
Full Name of Payee Date of Public Distribution/Disse	emination
	2014
Mailing Address P.O. Box 712 Amount	
City State Zip Code	95.00
Alexander AR 72002 Transaction ID : 33660636-e559 Date of Disbursement or Obliga	9-42eb-8
Purpose of Expanditure	2014
Name of Federal Candidate Support Office Sought: House Distri	ct: 00
Mr. Mark L Pryor Oppose President Senate State State	A D
077575 00 0044	G eneral
Per Election for Office Sought 2775/5.33 2014 Other (specify) ▶	
Full Name of Payee Todd Ellis Date of Public Distribution/Disse	emination
Mailing Address P.O. Box 712 Amount	2014
City State Zip Code	43.50
Alexander AR 72002 Transaction ID : c0456634-530c Date of Disbursement or Obliga	-402a-8
Purpose of Expenditure	^y 2014
Name of Federal Candidate Support Office Sought: House Distri	ct: 00
Mr. Mark L Pryor	te: AR
Calendar Year-To-Date Per Election for Office Sought 277575.33 Disbursement For: Primary 2014 Other (specify) ▶	K General
(a) SUBTOTAL of Itemized Independent Expenditures	38.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	100
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11 04 2014	Y
Signature	

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OF

Schedule E)	T EXI END	TOTILO		PAGE 60 OF 104 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼			
Women Speak Out PAC			C	C00530766			
Check if 24-hour report 48-hour report	Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee OLynda Walker			M = N				
Mailing Address 10000 Mount Pleasant Rd			Amount	02 2014			
City	State	Zip Code		90.00			
Midland	NC	28107		on ID : 9b78e5f9-04f6-4e98-8 hisbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	11				
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Kay Hagan		X Oppose	President	Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	10	087975.24	Disbursement For 2014 Other	or: Primary X General · (specify) ▶			
Full Name of Payee			Date of P	Public Distribution/Dissemination			
OLynda Walker			M = 1	02 / 2014			
Mailing Address 10000 Mount Pleasant Rd			Amount				
City	State	Zip Code		18.60			
Midland	NC	28107		on ID : 7fd7f82a-4ee7-43bc-b Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	11	02 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Kay Hagan		Oppose	President	Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	, , ,	1087975.24	Disbursement Fo	or: Primary X General r (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditure	98		•	108.60			
(b) SUBTOTAL of Unitemized Independent Expendi	tures			7 1 7 1 7 1			
			·	4			
(c) TOTAL Independent Expenditures			•	7 7 7			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		04 2014			
Signaturo							

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	ck if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Lee R Carter	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 3110 Brentwood Rd	Amount
ŀ	City State Zip Code	34.00
	Raleigh NC 27604	Transaction ID : d55d4185-edd1-48e7-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 02 / 2014
t	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary
ŀ	Full Name of Payee	Date of Public Distribution/Dissemination
	Lee R Carter	11 02 2014
	Mailing Address 3110 Brentwood Rd	Amount
ŀ	City State Zip Code	7.50
	Raleigh NC 27604	Transaction ID: 29434318-7671-4933-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 02 / 2014
ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
L	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbt 2014	ursement For: Primary X General Other (specify) ▶
(6	a) SUBTOTAL of Itemized Independent Expenditures	41.50
(1	b) SUBTOTAL of Unitemized Independent Expenditures	
(C) TOTAL Independent Expenditures	
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not market, or at the request or suggestion of, any candidate or authorized committee or agent of eithe arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 04 2014
	Signature	

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OF

		FOR SE OF FORM 24/48			
	NAME OF COMMITTEE (In Full) Marron Charles Out DAC				
VVC	omen Speak Out PAC	C C00530766			
Chec	k if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y			
	Full Name of Payee Jordyn Kilbury	Date of Public Distribution/Dissemination			
L	•	11 02 7 2014			
ľ	Mailing Address 5416 S Santa Fe Street	Amount			
	City State Zip Code	110.00			
L	Wichita KS 67216	Transaction ID: 6330b9c0-68d7-4f06-8 Date of Disbursement or Obligation			
	Purpose of Expenditure Salary Category/ Type 001	11 02 2014			
1	Name of Federal Candidate Support Office	Sought: House District: 00			
	Mr. Greg Orman Oppose	President State: KS			
	Calendar Year-To-Date Per Election for Office Sought Disbut 246310.99 Disbut 2014	rsement For: Primary X General Other (specify) ▶			
	Full Name of Payee Jordyn Kilbury	Date of Public Distribution/Dissemination			
	Mailing Address 5416 S Santa Fe Street	11 02 2014 Amount			
	City State Zip Code	20.10			
	Wichita KS 67216	Transaction ID : cadf996e-62b4-45cf-8 Date of Disbursement or Obligation			
	Purpose of Expenditure Mileage Category/ Type 002	11 02 2014			
П	Name of Federal Candidate Support Office	Sought: House District:00			
	Mr. Greg Orman Oppose	President Senate State: KS			
	Calendar Year-To-Date Per Election for Office Sought Disbut 246310.99	rsement For: Primary X General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	130.10			
(b	SUBTOTAL of Unitemized Independent Expenditures				
(с) TOTAL Independent Expenditures				
wi	nder penalty of perjury I certify that the independent expenditures reported herein were not math, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Signature				

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	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New	w report Amends report filed on Amends report
Full Name of Payee Aleksandra B Padua	Date of Public Distribution/Dissemination
	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 Bridge gate Dr	Amount
City State	Zip Code 40.00
Cary NC	27519 Transaction ID : f69d1087-a3f5-4bc4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Aleksandra B Padua Mailing Address 110 Bridge gate Dr	Date of Public Distribution/Dissemination 11
City State Cary NC	Zip Code 11.34 27519 Transaction ID : 2dea5c20-1d0d-44c5-a
Purpose of Expenditure Mileage	Category/ Type 002 Date of Disbursement or Obligation 011 02 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Support Office Sought. House District. Of NC President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	51.34
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	>
	itures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [Ela Signature	ectronically Filed] Date 11 04 2014

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OF

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C	C00530766
Check if X 24-hour report 48-hour report New report An	nends report filed on	/ D D / Y Y Y Y Y
Full Name of Payee	Date of P	ublic Distribution/Dissemination
Cynthia N Schmit	11	02 / 2014
Mailing Address 2226 Taft Circle Apt 1	Amount	
City State Zip Code		65.00
Winchester VA 22601		on ID : 5fcf2ff3-1a89-478d-b isbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001	
Name of Federal Candidate	Support Office Sought:	House District:00
Mr. Oraci Oraci	Oppose President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 246310.99	Disbursement Fo	or: Primary
Full Name of Payee Michael Vidrine	Date of P	Public Distribution/Dissemination
	11	02 2014
Mailing Address 1103 West Wilson Street	Amount	
City State Zip Code		80.00
Ville Platte LA 70586		on ID : 43addec5-bb07-49c7-a Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type		02 / 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Mary L Landrieu	Oppose President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 230656.4	Disbursement For 2014 Other	or:
(a) SUBTOTAL of Itemized Independent Expenditures	······	145.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	7 1 7 1 7
(c) TOTAL Independent Expenditures	· ·	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 11	D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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		FOI	R SE OF FORM 24/48
	MITTEE (In Full)	FEC IDENT	TIFICATION NUMBER ▼
vvomen S	peak Out PAC	C C008	530766
Check if X 2	A-hour report 48-hour report New report Amends	port filed on	D / Y = Y = Y = Y
Full Name		Date of Public Dis	tribution/Dissemination
	Vidrine	M M / D	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Add	ress 1103 West Wilson Street	Amount	
City	State Zip Code		21.60
Ville Platte	LA 70586	Transaction ID : 8 Date of Disbursem	Sec5d987-4718-4b7f-8 nent or Obligation
Purpose of Mileage	Expenditure Category/ Type		02 / 2014
Name of Fe	deral Candidate Suppo	Office Sought:	ouse District: 00
Ms. Mary L		President X S	
	ar Year-To-Date cotion for Office Sought 230656.44	Disbursement For: 2014 Other (specify	Primary
Full Name	nt Pavee		stribution/Dissemination
	R English	Man / D	
Mailing Add	ress 915 East Market Ave Apt 4	Amount	
City	State Zip Code		90.00
Searcy	AR 72143	Transaction ID: ac Date of Disbursen	c37e942-dde6-450b-a
Purpose of Salary	Expenditure Category/ Type		02 / Y Y Y Y Y Y Y
Name of Fe	ederal Candidate Suppo	Office Sought:	louse District: 00
Mr. Mark L	Pryor Oppos	President X S	enate State: AR
	ar Year-To-Date ection for Office Sought 277575.33	Disbursement For: 2014 Other (specify	Primary
(a) SUBTOT	AL of Itemized Independent Expenditures	···· •	111.60
(b) SUBTOT	AL of Unitemized Independent Expenditures		4
(c) TOTAL	ndependent Expenditures	····· >	7 7
with, or at th	y of perjury I certify that the independent expenditures reported herein we request or suggestion of, any candidate or authorized committee or age tee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed]	ate 11 04	2014
Signature			

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OF

Schedule E)	INI EXI END	ITOTILO	<u> </u>	AGE 66 OF 104 OR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)					
Women Speak Out PAC C c00530766					
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y	
Full Name of Payee Joseph R English			M = M /	istribution/Dissemination	
Mailing Address 915 East Market Ave Apt 4			Amount	02 2014	
City	State	Zip Code		39.00	
Searcy	AR	72143		f1d29ef2-eb7a-4da6-a	
Purpose of Expenditure Mileage		Category/ Type 002	11	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Mr. Mark L Pryor		X Oppose		Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		277575.33	Disbursement For: 2014 Other (specified)	Primary	
Full Name of Payee Laura U Logie			Date of Public D	istribution/Dissemination	
Mailing Address 2565 Shire Circle			11	02 2014	
			Amount		
City	State	Zip Code		70.00	
Harrisonburg Purpose of Expenditure	VA	22801		1e26334b-dea4-47f6-9 ement or Obligation	
Salary		Category/ Type 001	11 /	02 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District:00	
Mr. Greg Orman		X Oppose		Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		246310.99	Disbursement For: 2014 Other (speci	Primary X General fy) ▶	
(a) SUBTOTAL of Itemized Independent Expend	tures		•	109.00	
(b) SUBTOTAL of Unitemized Independent Expe	nditures				
(b) CODICIAL OF CHILDWING MICEOCHICAN EXPO	Tallares		•	19 10	
(c) TOTAL Independent Expenditures			•	7	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 04 /	2014	
2. 0					

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	n
	Date of Public Distribution/Dissemination
Lilly Green	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle	Amount
City State Zip Code	80.00
Shreveport LA 71119	Transaction ID : 66b9e583-32d6-4f9d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District:00
Me Mary I Landrieu	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disburs 230656.44 Disburs	sement For: Primary General Other (specify) ▶
Full Name of Payee Lilly Green	Date of Public Distribution/Dissemination
•	11 02 2014
Mailing Address 205 Medallion Circle	Amount
City State Zip Code	76.20
	ransaction ID : 8b39d361-18bf-443f-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 02 / 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disburs 230656.44 Disburs 2014	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	156.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Schedule E)	-A	101.20		PAGE 68 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC C C00530766				
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	T = M / D = D / Y = Y = Y = Y
Full Name of Payee Gregory Green				of Public Distribution/Dissemination
Mailing Address 2506 Bolch Street				11 02 7 2014
			Amou	ınt
City	ate	Zip Code		60.00
G.iii o rope i r	LA	71104		saction ID: 0823ece9-cff5-44f0-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	N.	11 02 7 2014
Name of Federal Candidate		Support	Office Sough	nt: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	30656.44	Disbursemen 2014 O	nt For: Primary X General Other (specify) ▶
Full Name of Payee				of Public Distribution/Dissemination
Gregory Green				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amou	
			Amou	ınt
1 '	tate	Zip Code		78.00
	LA	71104	Transa Date	action ID : aca0315d-9dbf-48d0-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 02 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		Oppose	Presid	lent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		230656.44	Disbursemer 2014	nt For: Primary
	_		-	
(a) SUBTOTAL of Itemized Independent Expenditures			•	138.00
(b) SUBTOTAL of Unitemized Independent Expenditures	S		•	17117117
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M /	04 2014
Signature				

Sche	edule E)	I EXI END	1101120		PAGE 69 OF 104 FOR SE OF FORM 24/48
	NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC C C00530766					C C00530766
Check	x if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
	ull Name of Payee Theresa a Youngblood				of Public Distribution/Dissemination
	lailing Address 102 S Main Street Apt A2			Amou	11 02 2014
				Alliou	
- 1	ity Berryville	State VA	Zip Code 22611		110.00 action ID : 1b127341-109e-496e-a
	urpose of Expenditure Salary		Category/ Type 001		of Disbursement or Obligation
N	ame of Federal Candidate		Support	Office Sough	t: House District: 00
-	∕Ir. Greg Orman		Support Oppose	Preside	Troube Biotriot.
	Calendar Year-To-Date Per Election for Office Sought	2	246310.99	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	rull Name of Payee Sheri J Peace				of Public Distribution/Dissemination
M	Mailing Address 9685 Paula St			Amou	11 02 2014
С	Dity	State	Zip Code	$ \Gamma$	100.00
ŀ	Keithville	LA	71047	Transa Date	oction ID : 225d1431-de3d-4c3a-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 02 / 2014
N	lame of Federal Candidate		Support	Office Sough	nt: House District: 00
_ N	Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	230656.44	Disbursemer 2014	other (specify) ►
(a)	SUBTOTAL of Itemized Independent Expenditure	9S			210.00
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures		, <u> </u>	
(c)	TOTAL Independent Expenditures			· [7 7 7
with	der penalty of perjury I certify that the independent, or at the request or suggestion of, any candidated try committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 11	04 2014
	Signature				

			FOR SE O	F FORM 24/48
	MITTEE (In Full)	FE	C IDENTIFICAT	ION NUMBER ▼
vvomen S	peak Out PAC	С	C00530766	
Check if X 24	-hour report 48-hour report New report Amends report filed on	M = M	/ D D /	Y = Y = Y = Y
Full Name		te of P	ublic Distribution	n/Dissemination
Sheri J		M - M	02	2014
Mailing Add	ess 9685 Paula St Am	ount		
City	State Zip Code			46.20
Keithville	LA 71047 Tr a		on ID : e8b83f6 isbursement or	1-e68d-4bd7-9
Purpose of Mileage		11		2014
Name of Fe	deral Candidate Support Office Sou	ıght:	House	District:00
Ms. Mary L	l andrieu	sident	X Senate	State: LA
	or Year-To-Date Cition for Office Sought 230656.44 Disbursem 2014		or: Primar (specify) ►	y X General
Full Name Mary D		te of P	ublic Distribution	
Mailing Add		11	02	2014
	0724 OV / III OWI I Cad Ot	nount		
City	State Zip Code		0 1 1 0	30.00
Topeka	Da		on ID: 97ec32fa Pisbursement or	
Purpose of Salary	Expenditure Category/ Type 001	M 11	/ 02	2014
Name of Fe	deral Candidate Support Office Sou	ught:	House	District:00
Mr. Greg O	man Oppose Pre	sident	X Senate	State: KS
	ar Year-To-Date ction for Office Sought Disbursen 2014 2014	1	or: Primar (specify) ►	y X General
(a) SUBTOT	AL of Itemized Independent Expenditures		T T	76.20
(b) SUBTOT	AL of Uniternized Independent Expenditures		7	
(c) TOTAL	dependent Expenditures		7	
with, or at th	of perjury I certify that the independent expenditures reported herein were not made it request or suggestion of, any candidate or authorized committee or agent of either, or ee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date 11	/ D	D / Y Y Y 20	14
Signature				

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OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VV	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y I Y I Y
Т	Full Name of Payee	Date c	of Pub	olic Distribution	Dissemination
	Mary D Meens		11	02	2014
	Mailing Address 5724 SW Arrowhead Ct	Amour	nt		
ŀ	City State Zip Code	Г.			9.00
	Topeka KS 66614			ID: 2f742fa3- bursement or 0	-3e04-471c-8
	Purpose of Expenditure Mileage Category/ Type 002		11 M	02	2014
ı	Name of Federal Candidate Support Office	Sought	t:	House	District:00
	Mr. Greg Orman	Preside		X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 246310.99 Disbut 2014	rsement		Primary specify) ▶	General
İ	Full Name of Payee Ashley n Thompson			blic Distribution	/Dissemination
-	Mailing Address 272 Westgate Ct Apt 6		11	02	2014
١		Amou	nt		
ŀ	City State Zip Code				67.50
				ID: d2a72ba2 bursement or 0	
	Purpose of Expenditure Salary Category/ Type 001		11 ^M	02	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	ent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsemen		Primary specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures				76.50
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	Ľ.		7	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 11	M /	04	D / Y Y 201	4
	Signature		_		

PAGE

OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report fi	led on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Ashley n Thompson	11 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 272 Westgate Ct Apt 6	Amount
City State Zip Code	6.00
Lexington NC 27295	Transaction ID: c9b0fc9a-bc05-48ea-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	ffice Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Odioridal Todi To Dato	sbursement For: Primary X General 114 Other (specify) ▶
Full Name of Payee Greg Meens	Date of Public Distribution/Dissemination
Mailing Address 5724 SW Arrowhead Ct	11 02 2014 Amount
City State Zip Code	30.00
Topeka KS 66614	Transaction ID : 5b8a22a6-be93-4604-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support O	ffice Sought: House District:00
Mr. Greg Orman Oppose	President State: KS
	isbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	36.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	11 04 2014
Signature	

PAGE

OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M	- M	/ D = D /	Y = Y = Y = Y
Т	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Randy G Lookabill		11 M	02	2014
	Mailing Address 200 Carawood Lane	Amour	nt		
ŀ	City State Zip Code	Г.			67.50
	Lexington NC 27295			n ID: 840c4dc3 bursement or C	-1f52-494f-a
	Purpose of Expenditure Salary Category/ Type 001		11 ^M	02	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	irsemen		Primary specify) ▶	X General
	Full Name of Payee Randy G Lookabill Mailing Address 200 Carawood Lane			olic Distribution	Dissemination 2014
		Amou	nt		
ľ	City State Zip Code				22.50
	Lexington NC 27295			ID: 56c3c18d- bursement or C	
	Purpose of Expenditure Mileage Category/ Type O02	M	11 ^M	02	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside	ent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary specify) ▶	X General
((a) SUBTOTAL of Itemized Independent Expenditures			7	90.00
((b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures			7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	04	D / Y Y 201	4
	Signature		_		

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OF

Sche	dule E)	L/(L.(5.	1101120		PAGE 74 OF 104 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	III Name of Payee Chris McCoy			M	f Public Distribution/Dissemination
Ma	ailing Address 1025 Cayley Ct			Amoun	11 02 2014 t
Cit	tv	State	Zip Code		105.00
	igh Point	NC	27260		action ID: bf2ba395-17f9-43db-9 f Disbursement or Obligation
	rrpose of Expenditure alary		Category/ Type 001	M	11 02 7 2014
Na	ame of Federal Candidate		Support	Office Sought:	: House District: 00
M	s. Kay Hagan		X Oppose	Preside	nt Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	10	087975.24	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
	ıll Name of Payee Chris McCoy			M	f Public Distribution/Dissemination
Ma	ailing Address 1025 Cayley Ct			Amoun	11 02 2014 nt
Cit	ty	State	Zip Code		24.60
	ligh Point	NC	27260		ction ID: 037bd3bc-0853-477e-a f Disbursement or Obligation
	urpose of Expenditure fileage		Category/ Type 002		11 02 2014
Na	ame of Federal Candidate		Support	Office Sought	: House District: 00
M	ls. Kay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	1087975.24	Disbursement 2014 Ot	For: Primary X General her (specify) ►
(a)	SUBTOTAL of Itemized Independent Expenditures	S		.	129.60
(b)	SUBTOTAL of Unitemized Independent Expenditu	ıres			7 7 7
(c)	TOTAL Independent Expenditures			•	7 7
with	der penalty of perjury I certify that the independer or, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	te or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	04 / Y = Y = Y = Y = Y = Y
5	Signature				

Schedule E)	. EXI END			PAGE 75 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			ĺ	C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y P Y P Y
Full Name of Payee Danielle McCoy			M	Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			Amount	1 02 2014
City	State	Zip Code		105.00
High Point	NC	27260		ction ID : 25a69da4-1580-4caf-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 02 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presider	senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	087975.24	Disbursement 2014 Oth	For: Primary General ner (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Danielle McCoy				11 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct				02 2014
, ,			Amoun	t
City	State	Zip Code	$ \Gamma$	26.10
High Point	NC	27260		tion ID: 001f7cdf-2229-466f-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		1 02 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7 7	1087975.24	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		·· •	131.10
(b) SUBTOTAL of Unitemized Independent Expendit	:ures		·· •	7 7 7
(c) TOTAL Independent Expenditures				7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11	04 2014
Signature				

			FOI	R SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	F	C IDENT	IFICATIO	N NUMBER ▼
۷V	omen Speak Out PAC	(C00	530766	
Che	ck if 24-hour report 48-hour report New report Amends report filed	on M	/ D	D /	Y Y Y
T	Full Name of Payee Heather Ainsworth	Date of	Public Dis	tribution/[Dissemination
		11		02 /	2014
	Mailing Address 9685 Paula St	Amount			
ŀ	City State Zip Code				100.00
	Keithville LA 71047			588d07cc	-f37b-4a1f-a bligation
	Purpose of Expenditure Salary Category/ Type 001	M 1	M / D	02	^Y 2014
	Name of Federal Candidate Support Office	Sought:	П	ouse [District: 00
	Ms Many Llandrieu	President	Xs	enate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement F	or:	Primary	X General
ľ	Full Name of Payee Heather Ainsworth	Date of	M / D	D /	Dissemination
ŀ	Mailing Address 9685 Paula St	Amount		02	2014
ŀ	City State Zip Code				32.70
	Keithville LA 71047			db152a0-	7658-4f2b-a bligation
	Purpose of Expenditure Mileage Category/ Type 002	M 11	M / D	02	2014
	Name of Federal Candidate Support Office	Sought:	П	louse [District: 00
	Ms. Mary L Landrieu Oppose	President	\overline{X} s	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 230656.44	rsement F	or:	Primary /) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures		7	7	132.70
(b) SUBTOTAL of Unitemized Independent Expenditures		7	7	
(c) TOTAL Independent Expenditures		4	7	
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not markith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M / C	04	2014	
	Signature				

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INI EXI END	THORIES		PAGE 77 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	: Distribution/Dissemination
Eleanor McCoy			M M /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4902 Catawba Dr			Amount	
City	State	Zip Code		105.00
Greensboro	NC	27407		D: eb5806b2-494e-4a9b-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	087975.24	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Eleanor McCoy			11	02 / 2014
Mailing Address 4902 Catawba Dr			Amount	
City	State	Zip Code		26.40
Greensboro	NC	27407		D: b69fa6f5-0daa-48d8-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1087975.24	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures			131.40
			7	7 -
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cand party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 04	2014
-				

Schedule E)	-/(- · · · · · ·	01123		PAGE 78 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	rt Amends repo	rt filed on	M / D D / Y D Y D Y
Full Name of Payee Jake Mathews			M	Public Distribution/Dissemination
Mailing Address 6418 East 12 St			Amount	0 31 2014
City Sta	ate 2	Zip Code		35.00
		67206		ction ID: 9032566b-ddae-42d0-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	M / 31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	24	6310.99	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee Jake Mathews Mailing Address 6418 Fast 12 St			M	f Public Distribution/Dissemination
Mailing Address 6418 East 12 St			Amoun	t
City	tate 2	Zip Code		11.40
	KS	67206		tion ID: bdc44c47-d9d8-4f43-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		0 31 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	Presider	nt Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		246310.99	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				46.40
(b) SUBTOTAL of Unitemized Independent Expenditures	S		. —	
				7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	or authorized			
Ms. Emily Buchanan	[Electronic	ally Filed] Date	M M / / 11	04 2014
Signature				

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed	on	- M	/ D = D /	Y I Y I Y I Y
П	Full Name of Payee	Date of	of Pub	olic Distribution	Dissemination
	ERIC TABARY		11 ^M	02 /	2014
	Mailing Address 6101 NORA ST	Amour	nt		
ŀ	City State Zip Code	Г.			70.00
	METAIRIE LA 70003			n ID: 11aa1194 bursement or 0	l-f2e7-4834-8
	Purpose of Expenditure Salary Category/ Type 001		11 ^M	02	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Mary L Landrieu	Preside		Senate	State:LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 230656.44 Disbu 2014	rsement		Primary specify) ▶	K General
ŀ	Full Name of Payee			olic Distribution	Dissemination
	ERIC TABARY	Date (11	/ 02 /	2014
	Mailing Address 6101 NORA ST	Amou			.20,1
ŀ	City State Zip Code	Г.			2.10
				ID: 526b5218 bursement or (
	Purpose of Expenditure Mileage Category/ Type 002		11 M	02	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 230656.44 Disbu 2014	rsemen		Primary specify) ▶	General
((a) SUBTOTAL of Itemized Independent Expenditures			7	72.10
((b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures			7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M / 1	04	D / Y Y 201	4
	Signature				

PAGE

OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Rose M Aldapa	10 31 2014
	Mailing Address 14817 E 29th N	Amount
	City State Zip Code	22.00
	Wichita KS 67228	Transaction ID : f0fa8a20-3a8e-4870-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	040040.00	ursement For: Primary X General
	Per Election for Office Sought 246310.99 2014	Other (specify)
	Full Name of Payee Rose M Aldapa	Date of Public Distribution/Dissemination
	Mailing Address 14817 E 29th N	10 31 2014 Amount
	City State Zip Code	12.00
	Wichita KS 67228	Transaction ID : 77b55ab2-cd05-412c-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 246310.99	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	34.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not make with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(17) (1) (1)	1 04 2014
	Signature	

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OF

							FOR SE OF	FORM 24/48
	MITTEE (In Full)					FEC	IDENTIFICATION	ON NUMBER ▼
vvomen Sp	eak Out PAC					С	C00530766	
Check if X 24	hour report 48-hour report	New repo	ort An	nends repo		M = M	/ D = D /	Y Y Y Y
Full Name o					Date	of Pub	lic Distribution/	Dissemination
Andy Ra						10 ^M	31	2014
Mailing Addr	907 West Trail				Amo	unt		
City		State	Zip Code					90.00
Dodge City		KS	67801				ID: bf50b60b oursement or C	-81cc-4e79-b
Purpose of E Salary	Expenditure		Category/ Type			10	31	2014
Name of Fed	deral Candidate			Support	Office Soug	ht:	House	District:00
Mr. Greg Or	man			Oppose	Presid		Senate	State: KS
	r Year-To-Date ction for Office Sought		46310.99		Disburseme 2014		Primary specify) ▶	General
Full Name o							olic Distribution	/Dissemination
Mailing Addr	ess 907 West Trail				Amo	10 unt	31	2014
City		State	Zip Code		$ \Gamma$			5.10
Dodge City		KS	67801				ID: c21d664d bursement or (-b6f0-42d0-b
Purpose of I Mileage	Expenditure		Category/ Type			M 10	31	2014
Name of Fe	deral Candidate			Support	Office Soug	ht:	House	District: 00
Mr. Greg Or	man		X	Oppose	Presid	dent	Senate	
	ar Year-To-Date ction for Office Sought	7 7	246310.9	99	Disburseme 2014		Primary specify) ▶	General
(a) SUBTOTA	L of Itemized Independent Expenditure	98			· [-7	7	95.10
(b) SUBTOTA	L of Unitemized Independent Expendit	ures			· •			
(c) TOTAL In	dependent Expenditures				•		7	
with, or at the	of perjury I certify that the independe request or suggestion of, any candida ee) any political party committee or its	te or authorized						
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M = M /	04	D / Y Y 201	4
Signature								

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OF

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Victor M Valdez	Da	ate of Public Distribution/Dissemination
		11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1702 Central Ave	Ar	mount
City	rate Zip Code	90.00
		ransaction ID : c78bd703-a2ca-4c35-b ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 01 2014
Name of Federal Candidate	Support Office Sc	ought: House District: 00
Mr. Greg Orman	Oppose Pre	esident State: KS
Calendar Year-To-Date Per Election for Office Sought	246310.99 Disburset 2014	ment For:
Full Name of Payee Victor M Valdez Mailing Address 1702 Central Ave	D.	ate of Public Distribution/Dissemination
	A	mount
City	tate Zip Code	5.10
		ansaction ID : 69afe8c4-cde1-4c4f-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ 002 Type	11 / 01 / Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Greg Orman	Oppose Pre	esident X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	246310.99 Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	95.10
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent of with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 11	04 2014
Signature		

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OF

Schedule E)			1101120		PAGE 83 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (I					FEC IDENTIFICATION NUMBER ▼
Women Speak O	ıt PAC				C C00530766
Check if X 24-hour repo	rt 48-hour report	New rep	ort Amends repo	ort filed on	M
Full Name of Payee Paulette M Car	rieri				of Public Distribution/Dissemination
Mailing Address 4805	TuPenny Lane			Amou	10 31 2014 nt
City		State	Zip Code		40.00
Raleigh		NC	27606		action ID : f6dd5da0-320f-4fd4-b of Disbursement or Obligation
Purpose of Expenditur Salary			Category/ Type 001		10 31 / 2014
Name of Federal Cand	lidate		Support	Office Sough	nt: House District:00
Ms. Kay Hagan			X Oppose	Preside	ent Senate State: NC
Calendar Year-To- Per Election for C		, 10	087975.24	Disbursemen 2014 O	nt For:
Full Name of Payee Paulette M Carri Mailing Address 486	eri 05 TuPenny Lane				of Public Distribution/Dissemination
				Amou	
City Raleigh		State NC	Zip Code 27606		2.40 action ID : 1a77747f-7459-4988-b of Disbursement or Obligation
Purpose of Expenditur Mileage	9		Category/ Type 002		10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Cand	lidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan			X Oppose	Preside	
Calendar Year-To- Per Election for C		, ,	1087975.24	Disbursemer 2014	nt For: Primary
(a) SUBTOTAL of Item	zed Independent Expenditur	′es			42.40
(b) SUBTOTAL of Unite	emized Independent Expendi	itures			7 7 7
(c) TOTAL Independen	t Expenditures			· •	7 1 7 1 7
with, or at the request of		ate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily E	Ruchanan	[Electron	ically Filed] Date	e 11	04
Signature					

Schedule E)	OII. O	/LITI L/II LII	1101120		PAGE 84 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour	report 48-hour report	New rep	oort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payer Hannah K S	ee Smith			M	f Public Distribution/Dissemination
Mailing Address	633 Scott Dr			Amour	11 02 2014 nt
City		State	Zip Code		90.00
Gibsonville		NC	27249		action ID: 1576b54a-316b-45c9-b f Disbursement or Obligation
Purpose of Expen Salary	diture		Category/ Type 001	М	11 02 7 2014
Name of Federal	Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan			Oppose	Preside	nt Senate State: NC
Calendar Yea Per Election	r-To-Date for Office Sought	10	087975.24	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Pay Hannah K Sı				M	of Public Distribution/Dissemination
Mailing Address	633 Scott Dr			Amour	11 02 2014 nt
City		State	Zip Code		16.80
Gibsonville		NC	27249		ction ID : 4b2f824c-5ffc-4a62-9 of Disbursement or Obligation
Purpose of Exper Mileage	diture		Category/ Type 002		11 02 7 2014
Name of Federal	Candidate		Support	Office Sought	t: House District:00
Ms. Kay Hagan			X Oppose	Preside	
Calendar Yea Per Election	r-To-Date for Office Sought	7	1087975.24	Disbursement 2014 Ot	t For: Primary
(a) SUBTOTAL of	Itemized Independent Expen	ıditures		· •	106.80
(b) SUBTOTAL of	Unitemized Independent Exp	penditures		·· •	
(c) TOTAL Indepen	ndent Expenditures			•	
with, or at the requ		ndidate or authorized			coperation, consultation, or concert he reporting entity is not a political
	nily Buchanan	[Electron	nically Filed] Date	M M / /	04
Signature					

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report	New report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Dylan J Sparks	10 31 2014
Mailing Address 915 East Market Ave	Amount
City State	Zip Code 100.00
Searcy AR	72149 Transaction ID : 5c616271-73a3-4dce-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 31 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	
Dylan J Sparks	Date of Public Distribution/Dissemination 10 31 2014
Mailing Address 915 East Market Ave	Amount
City State	Zip Code 64.20
Searcy AR	72149 Transaction ID : a6511138-e57f-4d35-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 10 31 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	>
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electronically Filed] Date 11 04 2014
Signature	

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OF

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC ID	DENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C	C00530766
Ch	eck if X 24-hour report 48-hour report X New report X Amends report filed	on M M /	D = D / Y = Y = Y = Y
П	Full Name of Payee	Date of Public	Distribution/Dissemination
١	Kaylan N Swanson	11 /	02 / 2014
	Mailing Address 633 Scott Dr	Amount	
	City State Zip Code		90.00
	Gibsonville NC 27249	Transaction I	D: 1491a018-9c6b-428f-b irsement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11	02 / 2014
	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Kay Hagan Oppose		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Other (sp	Primary ☐ General
	Full Name of Payee Heather N Montgomery		c Distribution/Dissemination
	Mailing Address 106 Wyncrest Ct	Amount	
1	City State Zip Code		60.00
	Hendersonville TN 37075		D: 7648bb4b-6324-4e1b-9 ursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	31 2014
1	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Mark L Pryor Oppose	President 2	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 277575.33	rsement For: Other (sp	Primary ⊠ General Decify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	7	150.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		1.4.1.4
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	M / D D D 04	2014
	Signature		

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OF

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDE	ENTIFICATION NUMBER ▼
۷V	omen Speak Out PAC	C	00530766
Che	ck if X 24-hour report 48-hour report New report Amends report filed	on M=M /	D = D / Y = Y = Y
T	Full Name of Payee Heather N Montgomery	Date of Public	Distribution/Dissemination
	,	10	31 / 2014
	Mailing Address 106 Wyncrest Ct	Amount	
t	City State Zip Code		42.60
	Hendersonville TN 37075		D: cbe55726-cbb2-40a6-b sement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10	31 / 2014
Ī	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Mark I. Pryor	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:	Primary
ľ	Full Name of Payee James A Sears	Date of Public	Distribution/Dissemination
-	Mailing Address 305 Averroe Dr	10 Amount	30 2014
ŀ	City State Zip Code		45.00
	Apex NC 27502		: d00a2027-8e96-4971-a sement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	30 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Kay Hagan Oppose	President X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: [Primary
(a) SUBTOTAL of Itemized Independent Expenditures	7	87.60
(b) SUBTOTAL of Unitemized Independent Expenditures	7	
(c) TOTAL Independent Expenditures		1 7 1 7 1
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not ma rith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 11	M / D D D 04	2014
	Signature		

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OF

Sch	edule E)	1 6/11 6/12			PAGE 88 OF 104 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Checl	k if 🔀 24-hour report 🔲 48-hour report	New repo	ort Amends repo	ort filed on	M
TF.	Full Name of Payee Christine Stevens				of Public Distribution/Dissemination
N	Mailing Address 100 Asbury Ct			Amou	11 02 2014 nt
С	Dity	State	Zip Code	-	90.00
\	Winchester	VA	22602		action ID : 79e42c33-1ef6-424c-a of Disbursement or Obligation
_	Purpose of Expenditure Salary		Category/ Type 001		11 02 7 2014
N	Name of Federal Candidate		Support	Office Sough	nt: House District:00
N	Mr. Greg Orman		X Oppose	Preside	ent Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		246310.99	Disbursemen 2014 O	nt For: Primary X General Sther (specify) ▶
	Full Name of Payee Jazmine d Conner				of Public Distribution/Dissemination
N	Mailing Address 100 ASBURY CT			Amou	11 02 2014
	Dity	State	Zip Code	$ \Gamma$	90.00
- 1	WINCHESTER	VA	22602		action ID : b5ff7c2c-1d4e-4178-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 02 / 2014
Ν	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
N	Mr. Greg Orman		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	246310.99	Disbursemer 2014	nt For:
(a)) SUBTOTAL of Itemized Independent Expenditure:	9S			180.00
(b)) SUBTOTAL of Unitemized Independent Expenditu	ures		· [
(c)) TOTAL Independent Expenditures			· ·	
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidaterty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	04 2014
	Signature				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee Jon E Conner	Date of Public Distribution/Dissemination
1		11 02 / Y Y Y Y Y Y
	Mailing Address 100 Asbury Ct	Amount
	City State Zip Code	90.00
	Winchester VA 22602	Transaction ID : aac5b536-0087-445e-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District:00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 246310.99 2014	rsement For: Primary General Other (specify)
	Full Name of Payee Rodney O Culbreath Mailing Address 100 Asbury Ct	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	City State Zip Code	90.00
	,	Transaction ID : 7888aad1-95a7-4a09-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate Support Office	Sought: House District: 00
1	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	180.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	1 04 2014
	Oignaturo ————————————————————————————————————	

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				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Ch	eck if X 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y Y Y Y
٦	Full Name of Payee	Date o	of Pub	olic Distribution	Dissemination
	Rodney D Culbreth		11 ^M	02	2014
	Mailing Address 100 Asbury CT	Amour	nt		
	3200 Dam Neck Rd	-	-		1 1 1 1
	City State Zip Code Winchester VA 22602			n ID: ee0d2f55 bursement or (
	Purpose of Expenditure Salary Category/ Type 001	М	11 ^M	02	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Greg Orman Oppose	Preside		X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement		Primary specify) ▶	X General
	Full Name of Payee Rze Culbreath	Date o	of Puk	olic Distribution	Y = Y = Y
	Mailing Address 100 Asbury Ct	Amou		02	2014
	City State Zip Code	Г.			90.00
	Winchester VA 22602			ID: 3f64a977- bursement or 0	
	Purpose of Expenditure Salary Category/ Type 001		11	02	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Greg Orman Oppose	Preside	ent	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary	General
	(a) SUBTOTAL of Itemized Independent Expenditures				180.00
	(b) SUBTOTAL of Unitemized Independent Expenditures			p 1 1 4p	
	(c) TOTAL Independent Expenditures			7 7	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M /	04	D / Y Y 201	4
	Signature				

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OF

						FOR SE OF	FORM 24/48
	OF COMMITTEE (In Full)				FEC I	DENTIFICATION	ON NUMBER ▼
vvon	nen Speak Out PAC				С	C00530766	
Check	if 24-hour report 48-hour report New report	Ame	nds report	filed on	■ M	/ D D /	Y = Y = Y = Y
	Name of Payee			Date of	of Publ	ic Distribution/	Dissemination
	andy M Gold				11 ^M	02	2014
Ма	iling Address 1436 Haigs Creek Dr			Amour	nt		
City	v State Zip 0	Code		- [120.00
	gin SC 2904					ID: 432af228- ursement or C	-0с71-4173-а
	rpose of Expenditure Cat	tegory/ Type	001		11 ^M	/ 02 /	2014
Na	me of Federal Candidate	Su	upport	Office Sough	t:	House	District:00
Mr	. Mark L Pryor		opose	Preside	_	Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought 27757	75.33		Disbursement 2014		Primary pecify) ▶	General
Eul	Name of Payee						Discontinuities
	andy M Gold			Date	or Publ	lic Distribution/	2014
Ма	illing Address 1436 Haigs Creek Dr			Amou		02	2014
Cit	v State Zip (Code					88.95
	gin SC 290					D : 1740076b- oursement or C	e933-41bb-9
	rpose of Expenditure Catilleage	tegory/ Type	002		11 ^M	02	2014
Na	me of Federal Candidate	Sı	upport	Office Sough	t: [House	District: 00
Mr	. Mark L Pryor	X o	ppose	Preside	ent [Senate	
	Calendar Year-To-Date Per Election for Office Sought 27	77575.33		Disbursemen 2014 O		Primary	X General
(a)	SUBTOTAL of Itemized Independent Expenditures			· [7	208.95
(b)	SUBTOTAL of Unitemized Independent Expenditures			· [
(c)	TOTAL Independent Expenditures			· [-7		
with,	er penalty of perjury I certify that the independent expenditures report or at the request or suggestion of, any candidate or authorized comy committee) any political party committee or its agent.						
	Ms. Emily Buchanan [Electronically	Filed]	Date	M = M /	04	/ Y Y Y 201	4
S	Signature			البا			

PAGE

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	NI EXI END	ITOTILO		PAGE 92 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Kaleigh J Wagner			M = M	olic Distribution/Dissemination
Mailing Address 18065 Wayne Rd			Amount	01 2014
City	State	Zip Code		120.00
Odessa	FL	33556		n ID: 416e322b-82c1-41df-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	2	277575.33	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Brandon Wheeler			M = M	/ D D / Y Y Y Y Y Y Y 2014
Mailing Address 10112 Piney Creek Ct			Amount	
City	State	Zip Code		50.00
Charolette	NC	28215		ID: 4e0e38dd-5ee0-4386-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 1 7	277575.33	Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	170.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			
			· L	7 7 7
(c) TOTAL Independent Expenditures			>	7 7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 04	
Jigilataio				

Women Speak Out PAC	NTIFICATION NUMBER ▼ 0530766
C coo	0530766
Check if 24-hour report 48-hour report New report Amends report filed on	D D / Y Y Y Y
	istribution/Dissemination
11	02 / 2014
Mailing Address 10112 Piney Creek Ct Amount	
City State Zip Code	25.20
Charolette NC 28215 Transaction ID :	83eca76d-f1cf-4243-9 ement or Obligation
Purpose of Expanditure	02 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark I. Pryor	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (specific	Primary General
Full Name of Payee Date of Public Di	Distribution/Dissemination
Caleb J Ellicott	31 2014
Mailing Address 56893 S 695 rd Amount	2014
City State Zip Code	20.00
Colcord OK 74338 Transaction ID : d Date of Disbursel	d24e0d59-e74b-44be-b ement or Obligation
Purnose of Expenditure	31 / 2014
Name of Federal Candidate Support Office Sought:	House District:00
	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (specification)	Primary ⊠ General
(a) SUBTOTAL of Itemized Independent Expenditures	45.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reportin party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11 04	2014
Signature	

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OF

Schedule E)		PAGE 94 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New rep	ort Amends report	filed on
Full Name of Payee Dorthy Meyer		Date of Public Distribution/Dissemination
Mailing Address 11707 South African Street		11 02 2014 Amount
City.	Zia Cada	20.00
City State Olathe KS	Zip Code 66062	30.00 Transaction ID : e6091377-40b2-4f78-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 02 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Greg Orman	X Oppose	President X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶
Full Name of Payee Campaign Marketing Strategies		Date of Public Distribution/Dissemination 11 02 2014
Mailing Address 3240 Wilson Blvd		Amount
City State	Zip Code	4166.80
Arlington VA	22201	Transaction ID : 72216ba8-d49b-44ee-a Date of Disbursement or Obligation
Purpose of Expenditure Robocalls	Category/ Type 004	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Greg Orman	Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General General Gther (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		4196.80
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electron	ically Filed] Date	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Sched	ule E)	EXI END	101120		PAGE 95 OF 104 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full I	Name of Payee vidi R Robinson				of Public Distribution/Dissemination
Maili	ng Address 3722 SE Evans Dr			Amo	11 02 2014
City Top	eka	State KS	Zip Code 66609		30.00 saction ID : ee626e2c-7ab2-43e8-b
Purp Sala	ose of Expenditure ary		Category/ Type 001		of Disbursement or Obligation 11 02 2014
Nam	e of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr.	Greg Orman		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	, 2	46310.99	Disburseme	ent For:
	Name of Payee idi R Robinson			Date	e of Public Distribution/Dissemination
Maili	ng Address 3722 SE Evans Dr			Amo	
City		State	Zip Code		5.70
Тор		KS	66609	Trans Date	saction ID : cdfa30da-ee0a-436c-8 e of Disbursement or Obligation
	ose of Expenditure eage		Category/ Type 002	$\Box \mid \Box$	11 02 / Y Y Y Y
Nam	e of Federal Candidate		Support	Office Soug	ght: House District: 00
Mr.	Greg Orman		X Oppose	Presi	dent X Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	, , ,	246310.99	Disburseme 2014	ent For:
(a) SI	UBTOTAL of Itemized Independent Expenditures	S		· •	35.70
(b) S	UBTOTAL of Unitemized Independent Expenditu	res		· • [
(c) T(OTAL Independent Expenditures			•	7 1 7 1 7
with, o	penalty of perjury I certify that the independer or at the request or suggestion of, any candidate committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	, 11 /	04 2014
Sig	gnature		_		

oblicatio Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	ate of Public Distribution/Dissemination
Julie M Gentry	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 314 S Main St	nount
City State Zip Code	35.00
Roxboro NC 27573 Tr	ansaction ID : 1db06a3c-48c6-42a8-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 02 7 2014
Name of Federal Candidate Support Office So	ught: House District: 00
Ms. Kay Hagan Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	
	Other (specify) ►ate of Public Distribution/Dissemination
Julie M Gentry	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 314 S Main St	mount
City State Zip Code	8.64
Roxboro NC 27573 Tra	insaction ID: 3124c799-8df2-4b50-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 02 2014
Name of Federal Candidate Support Office So	ought: House District: 00
	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	43.64
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Schedul	e E)	11 E/A E.12.	1101120		PAGE 97 OF 104 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Womer	n Speak Out PAC				C C00530766
Check if	24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	" M / D " D / Y " Y " Y " Y
Full Na Mari	me of Payee sa E Surdyke				of Public Distribution/Dissemination
Mailing	Address 1020 N 2nd Street			Amou	10 31 2014 nt
City		State	Zip Code		20.00
City Atchis	on	KS	66002		action ID : 424db074-239b-47dd-a of Disbursement or Obligation
Purpos Salary	e of Expenditure		Category/ Type 001		10 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Gr	eg Orman		X Oppose	Preside	ent Senate State: KS
	alendar Year-To-Date er Election for Office Sought	2	246310.99	Disbursemen 2014 O	t For:
	me of Payee sa E Surdyke				of Public Distribution/Dissemination
Mailing	Address 1020 N 2nd Street			Amou	
City		State	Zip Code		40.00
Atchis		KS	66002		action ID : fd94a399-776f-4bc7-9 of Disbursement or Obligation
Purpos Salary	e of Expenditure		Category/ Type 001		11 02 2014
Name	of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Gr	eg Orman		X Oppose	Preside	
	alendar Year-To-Date er Election for Office Sought	7	246310.99	Disbursemer 2014 C	nt For: Primary X General Other (specify) ▶
(a) SUE	STOTAL of Itemized Independent Expenditu	ires			60.00
(b) SUE	STOTAL of Unitemized Independent Expendent	ditures		· •	. 42 1 2 42 1
(c) TOT	AL Independent Expenditures			· [
with, or	enalty of perjury I certify that the independ at the request or suggestion of, any candid mmittee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	11	04 2014
Signa	ature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IN EXIEND	ITOTILO		PAGE 98 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Rebecca M Blackwell			M = M /	Distribution/Dissemination
Mailing Address 1020 North 2nd St			Amount	02 2014
City	State	Zip Code		40.00
Atchison	KS	66002		2 : 81c62996-1867-48ce-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	246310.99	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Katelyn Stringer			11 /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2134 Oxford Dr			Amount	
City	State	Zip Code		50.00
Salina	KS	67401		: 84df4952-e797-46aa-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	246310.99	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendi	ures			90.00
(b) SUBTOTAL of Uniternized Independent Exper	nditures			
(-,				4
(c) TOTAL Independent Expenditures)	49. 1 49.
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 04	2014
5.g. (a.a.)				

				FOR SE OF	FORM 24/48
	E OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VVC	omen Speak Out PAC		С	C00530766	
Chec	ck if X 24-hour report 48-hour report New report Amends report filed		- M	/ D = D /	Y I Y I Y I Y
	Full Name of Payee	Date o	of Pub	olic Distribution	Dissemination
	Katelyn Stringer		11 ^M	02	2014
	Mailing Address 2134 Oxford Dr	Amour	nt		
	City State Zip Code				2.66
- 1	Salina KS 67401			n ID : f2122223 bursement or (-89cc-4471-b
	Purpose of Expenditure Mileage Category/ Type 002		11 M	02	2014
1	Name of Federal Candidate Support Office	Sought	t:	House	District: 00
	Mr. Greg Orman Oppose	Preside	ent	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbur 246310.99 Disbur 2014	rsement		Primary specify) ▶	General
	Full Name of Payee Mry S Everly		of Pub	olic Distribution	
_	. ,	M	11 ^M	02	2014
	Mailing Address 787 N 1851 Diagonal Rd	Amour	nt		
-	City State Zip Code	Г.			20.00
	Lecompton KS 66050			ID: 8364c472 bursement or (
	Purpose of Expenditure Salary Category/ Type 001		11 ^M	02	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Greg Orman Oppose	Preside	ent	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 246310.99	rsemen		Primary specify) ▶	General
(a	a) SUBTOTAL of Itemized Independent Expenditures				22.66
(b	s) SUBTOTAL of Unitemized Independent Expenditures			7 1 7	
(с	e) TOTAL Independent Expenditures	Ľ.		7- 1-72-	
Wi	nder penalty of perjury I certify that the independent expenditures reported herein were not marth, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 11	M /	04	D / Y Y Y 201	4
	Signature				

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	II EXI END	ITOTILO		PAGE 100 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Mry S Everly			11	/ DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 787 N 1851 Diagonal Rd			Amount	
City	State	Zip Code		18.00
Lecompton	KS	66050		n ID: 62214b86-e5e4-48af-8 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	02 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , , ,	246310.99	Disbursement For: 2014 Other (Primary
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Facebook, Inc.			M M M	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1601 Willow Road			Amount	
City	State	Zip Code		500.00
Menlo Park	CA	94025		ID: e8efe67d-f843-4ce4-8 sbursement or Obligation
Purpose of Expenditure Facebook ad		Category/ Type 004	11	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1087975.24	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expenditure	es			518.00
(b) SUBTOTAL of Unitemized Independent Expend	itures		· -	7 7 7
(c) TOTAL Independent Expenditures			•	7-1-7-1-7-1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 04	
2.g				

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PA	AC .		C C00530766
Check if 24-hour report	48-hour report New report	ort Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee			Date of Public Distribution/Dissemination
Chad Stieben			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 16864 Stillw	rell Rd		Amount
City	State	Zip Code	10.00
Bonner Springs	KS	66012	Transaction ID : 1ec72e40-28cf-478a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 02 2014
Name of Federal Candidate		Support Office	ce Sought: House District: 00
Mr. Greg Orman		∑ Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office S	Sought 2	Disk 246310.99	oursement For: Primary X General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Chad Stieben			11 02 2014
Mailing Address 16864 Sti	llwell Rd		Amount
City	State	Zip Code	4.20
Bonner Springs	KS	66012	Transaction ID : 7745f1ea-5eff-4cbc-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 02 / 2014
Name of Federal Candidate		Support Office	ce Sought: House District: 00
Mr. Greg Orman		Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office S	Sought	246310.99 Disl 201	oursement For: Primary
(a) SUBTOTAL of Itemized In	dependent Expenditures	·····	14.20
(b) SUBTOTAL of Unitemized	Independent Expenditures	·····	
(c) TOTAL Independent Expe	nditures	· · · · · · · · · · · · · · · · · · ·	
	gestion of, any candidate or authorized		nade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
Ms. Emily Buchan		ically Filed] Date	11 04 2014
Signature	•	Date	

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,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee Andrea M Gatts		Date of Public Distribution/Dissemination
		11 02 / Y Y Y Y Y
Mailing Address 6894 106th		Amount
City State	e Zip Code	10.00
Ozawkie KS		Transaction ID: 7238aedc-9e79-4525-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District: 00
Mr. Greg Orman	Oppose p	President State: KS
Calendar Year-To-Date Per Election for Office Sought	246310.99 Disburs 2014	sement For: Primary
Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination 11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1254 Fleming St Apt 6		Amount
City Stat	e Zip Code	60.00
Conway AR		Fransaction ID: 12c769e9-845d-4076-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 02 7 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Mr. Mark L Pryor	Oppose I	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought	277575.33 Disburs 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	7 7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of either,	
Ms. Emily Buchanan	[Electronically Filed] Date 11	M / 04 / 2014
Signature		

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OF

Schedule E)		1101120		PAGE 103 OF 104 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee Brenda L McCune			M = N	
Mailing Address 1254 Fleming St Apt 6			Amount	02 2014
City	State	Zip Code		32.70
Conway	AR	72032		on ID : 319ee515-4016-498e-b bisbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		277575.33	Disbursement Fo	or: Primary X General · (specify) ▶
Full Name of Payee Shantal C Culbreath Mailing Address 4691 Hercules Lane			Date of F	Public Distribution/Dissemination
4691 Hercules Lane			Amount	
City	State	Zip Code		100.00
Woodbridge Purpose of Expenditure	VA	22193	Date of D	on ID: 0cfd6c16-ae06-4ef9-9 Disbursement or Obligation
Salary		Category/ Type 001	10	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		246310.99	Disbursement Fo	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	132.70
(b) SUBTOTAL of Unitemized Independent Exper	nditures		·	
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7 1
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date		04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

· · · · · · · · · · · · · · · · ·				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour repor	t New rep	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Shantal C Culbreath			Date	of Public Distribution/Dissemination
				11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4691 Hercules Lane			Amou	unt
City	State	Zip Code	— I ['	100.00
Woodbridge	VA	22193		saction ID : e9c53d7a-0e07-4cd5-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 01 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Mr. Greg Orman		X Oppose	Presid	lent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	2	246310.99	Disbursemer 2014	nt For:
Full Name of Payee Shantal C Culbreath Mailing Address 4691 Hercules Lane				of Public Distribution/Dissemination 11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	— I	60.00
Woodbridge	VA	22193		action ID: 59771fe8-8ca2-4304-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 02 7 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Greg Orman		X Oppose	Presid	dent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		246310.99	Disbursement 2014	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures		· •	160.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	7
(c) TOTAL Independent Expenditures			•	14094.52
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	e 11	04 2014
Signature				

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